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TRANSPORTATION RESEARCH CENTER

Indiana University Bloomington, Indiana 47403-1599

ON-SITE SCHOOL BUS FIRE INVESTIGATION

CASE NO. - 95-16
FLEET - SCHOOL CORPORATION VEHICLE
LOCATION
ACCIDENT DATE - 1995

Submitted By:

Senior Staff Associate

1995

Contract Number:

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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On-site school bus fire investigation involving a 1986 Chevrolet, 66-passenger, school bus (i.e., 6000 series chassis and cowl, body by Bluebird) with a manual lap belt for the driver (i.e., no other restraints)

M. Abstract

This report covers an on-site investigation of a school bus crash and subsequent fire that involved a 1986 Chevrolet-Bluebird school bus and a 1985 Chevrolet Cut-away van. The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection. The cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. The right rear of the school bus (i.e., case vehicle's right rear wheel and rearward) was impacted by the front of the cutaway van (vehicle #2) causing a fire to begin in vehicle #2's engine compartment. According to the Fire Incident Report and the driver of vehicle #2, the fire started immediately upon impact. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The case vehicle rotated clockwise after the initial impact and the right rearmost portion was subsequently sideslapped by the left, outside, rearview mirror of vehicle #2. The case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the case vehicle's driver, as its rear end departed the roadway, the case vehicle started to tip over, but uprighted itself when it struck and sheared a utility pole. The case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. Vehicle #2 rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire. The case vehicle's driver (58 year-old female) was using her available, active, two-point lap belt and sustained, according to her interview, minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the case vehicle's driver, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions. The driver (48 year-old female) of vehicle #2 was using her available, active, three-point, lap and shoulder belt and sustained, according to her interview and medical records, minor soft tissue injuries which included: an abrasion and multiple contusions and lacerations.

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TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION -

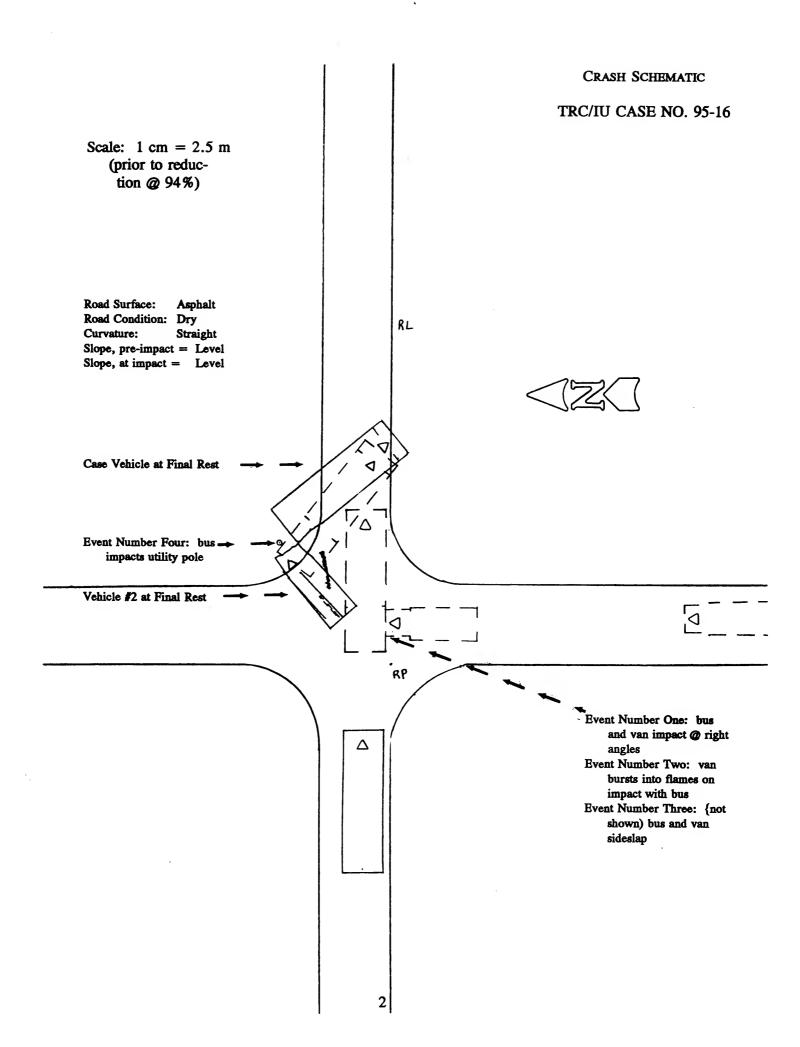
SUMMARY

This report concerns a motor vehicle crash and subsequent fire involving a 1986 Chevrolet school bus (i.e., 6000 series bus chassis and cowl, body by Bluebird) and a 1985 Chevrolet cutaway van occurring on Thursday, 1995 at 8:20 a.m., near on a county road. This crash is of special interest because the school bus was consumed by the subsequent fire.

The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection when it collided with the cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The school bus rotated clockwise after the initial impact and was subsequently sideslapped by the cutaway van. The school bus continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the school bus, as the bus's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. The Chevrolet school bus came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. According to the Fire Incident Report and the driver of the cutaway van, the engine compartment of her van immediately burst into flames upon its initial impact with the school bus. The cutaway van rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the bus before moving with the bus in a northeasterly direction. The Chevrolet cutaway van came to rest almost perpendicular to the school bus with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

The right rear of the school bus (i.e., right rear wheel and rearward) was impacted by the front of the cutaway van causing a fire to begin in the van's engine compartment. Subsequently, the left, outside, rearview mirror of the cutaway van sideslapped the right rearmost portion of the Bluebird bus body, and the left rear of the school bus impacted the utility pole. CDCs were determined to be: 12-FDEW-3 and 09-LPGN-1 for the cutaway van. Neither CDC or TDC is applicable to the school bus. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that both of the involved vehicles be CDC-applicable; however, this contractor's visually estimated Delta Vs are between 10 k.p.h. (6 m.p.h.) and 25 k.p.h. (16 m.p.h.) for the school bus and between 25 k.p.h. (16 m.p.h.) and 40 k.p.h. (25 m.p.h.) for the cutaway van.

The 1986 Chevrolet-Bluebird school bus was equipped with an active, two-point, lap belt in the driver position only. According to the driver (58 year-old female) of the school bus, she was using her lap belt. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). The driver of the school bus was listed on the Police Accident Report as not sustaining any injury as a result of this crash. According to the driver's interview, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions and were listed on the Police Accident Report as sustaining "B" (nonincapacitating-evident) or "C" (possible) injuries. The driver (48 year-old female) of the cutaway van was using her available, active, three-point, lap and shoulder belt and was listed on the Police Accident Report as sustaining an "A" (incapacitating) injury as a result of this crash. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.



TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION

ACCIDENT DATA

Location/Street:

County Road

City/Township:

near

Area/Type:

Rural, Agricultural

Accident Date/Time:

1995, @ 8:20 a.m.

Investigating Police Agency:

State Police

Accident Type:

School Bus / Cutaway Van - right angle

Occupant Injury Severity

(case vehicle):

Contusions, Lacerations (AIS-1)

AMBIENT CONDITIONS

Light Conditions:

Daylight

Weather Condition:

Clear

Precipitation:

None

Road Surface:

Dry

ROADWAY

Case Vehicle <u>Vehicle #2</u>

Location:

County road

County road

Number of Travel Lanes:

2-lanes, undivided

2-lanes, undivided

Width:

2.6 m

2.9 m

Surface Type:

Asphalt

Asphalt

Median:

None

None

Shoulders:

Unimproved, grass

Unimproved, grass

Vertical alignment:

Level

Level

ROADWAY (CONTINUED)		
Case Vehicle	Vehicle #2	
Straight	Straight	
.80	.80	
Light	Light	
	Straight	

	Traffic Controls	
	Case Vehicle	Vehicle #2
Signals:	None	None
Signs:	STOP sign	SPEED LIMIT sign
Markings:	None	None
Speed Limit:	72 k.p.h. (45 m.p.h.)	72 k.p.h. (45 m.p.h.)

VEHICLES				
	Case Vehicle	Vehicle #2		
Year:	1986	1985		
Make:	Chevrolet; Bluebird body	Chevrolet		
Model:	Incomplete vehicle, 6000 series chassis - cowl, 4x2	Incomplete vehicle, chassis - cab, 4x2, 1 ton		
Body Type:	School bus, 66-passenger	Commercial cutaway van, full sized		
V.I.N.:	1GBJ6P1B7GV	2GBHG31M2F4		
Color:	Yellow	White according to the Police Accident Report Supplement		
Mileage:	222,584 km (138,307 miles)	Unknown, burnt		
Engine:	6.0 liters, V8	5.7 liters, V8		
Transmission:	Manual, 4-speed	Automatic, 3-speed		
Steering:	Power-assisted, worm and gear	Power-assisted, worm and gear		

Case Vehicle #2

Brakes: Power-assisted, front Power-assisted, front

disc, rear drum disc, rear drum

Padding: Unknown, interior gutted Unknown, interior gutted

by fire by fire and filled with

debris

Active Restraints: Lap belt only 3-point lap and shoulder

belt for both front bucket

seats

Passive Restraints: None None

Defects: None according to the Unknown

Police Accident Report

Supplement

Fleet: School Corporation Private vehicle

Tow status: Towed due to damage Towed due to damage

VEHICLE DAMAGE

EXTERIOR Case Vehicle #2

Right Angle Impact

Event number: First First

Object Struck: Vehicle #2 Case Vehicle

Damage location

Damaged Plane: Right Front

Vertical Location

On Plane: Sill and below Bumper and above
Direct Begins: 24 cm (9.4 in) From left bumper corner

forward of right rear axle to right bumper corner Length Direct: 346 cm (136.2 in) 165 cm (65.0 in)

Field L: 356 cm (140.2 in) 158 cm (62.2 in) C_1 : Not applicable 17 cm (6.7 in) C_2 : Not applicable 19 cm (7.5 in)

C₂: Not applicable 19 cm (7.5 in)
C₃: Not applicable 19 cm (7.5 in)
C₄: Not applicable 19 cm (7.5 in)

C₅: Not applicable 29 cm (11.4 in) C₆: Not applicable 22 cm (8.7 in)

D: Not applicable 0 cm (0.0 in)

Maximum Crush: 18 cm (7.1 in) 31 cm (12.2 in)

Location: Not applicable Near C_5

VE	HICLE DAMAGE (CONTINUED)	
EXTERIOR (Continued)	Case Vehicle	Vehicle #2
Right Angle Impact (Continued)		
CDC:	Not applicable	12-FDEW-3
Damaged Components:	Right rear wheel and side panel	Front bumper, hood, and headlight assemblies; right and left fenders
Sideslap Impact		
Event number:	Third	Third
Object Struck:	Vehicle #2	Case Vehicle
Damage location Damaged Plane: Vertical Location	Right	Left
On Plane: Direct Begins:	Not applicable Not measured	Above beltline On left outside rearview mirror
Length Direct: Field L: C ₁ :	Not measured Not measured Unknown	Not measured Not measured Unknown
C ₂ : C ₃ : C ₄ :	Unknown Unknown Unknown	Unknown Unknown Unknown
C ₅ : C ₆ : D:	Unknown Unknown Unknown	Unknown Unknown Unknown
Maximum Crush: Location:	Unknown Unknown	Unknown Unknown
CDC:	Not applicable	09-LPGN-1
Damaged Components:	Right side body panel	Left outside rearview mirror
Fixed Object Impact	Case Vehicle	
Event number:	Fourth	
Object Struck:	Utility pole	
Damage location Damaged Plane: Vertical Location On Plane: Direct Begins: Length Direct:	Left Not applicable 3 cm (1.2 in) forward of 132 cm (52.0 in)	of left rear bumper corner

VEHICLE DAMAGE (CONTINUED)1

Fixed Object Impact (Continued) Case Vehicle

Field L: Not measured C_1 : Unknown C_2 : Unknown C_3 : Unknown C_4 : Unknown C_5 : Unknown C_5 : Unknown C_6 : Unknown

D: Unknown Maximum Crush: Unknown

Location: Unknown

CDC: Not applicable

Damaged Components: Left side body panel

INTERIOR¹ Case Vehicle #2

Damaged Components: 1 None visible Unknown

Other Evidence of

Occupant Contact: None Unknown

Manual Restraint

System Failures: Unknown Unknown

Seat Performance

Failures: None None

REPAIR

Cost Estimate: \$ 50,000 according to the Unknown

Fire Incident Report

VEHICLE VELOCITY ESTIMATES

Highest Delta "V" Case Vehicle #2

Reconstruction Program: Not applicable Not applicable

Program Algorithm: Not applicable Not applicable

¹ The fire that resulted from the right angle impact between the two vehicles destroyed whatever evidence of interior damage or occupant contacts that may have occurred.

VEHICLE VELOCITY ESTIMATES (CONTINUED)²

Highest Delta "V" (Continued)	Case Vehicle	Vehicle #2	
Travel Speed: ²	16 k.p.h. (10 m.p.h.)	48 k.p.h. (30 m.p.h.)	
Total Delta "V":	Unknown	Unknown	
Longitudinal Delta "V":	Unknown	Unknown	
Lateral Delta "V":	Unknown	Unknown	

COLLISION SEQUENCE

PRE-CRASH:

According to the Police Accident Report and the case vehicle's driver the case vehicle (school bus) was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was attempting to continue eastward in its direction of travel through the four-leg intersection. Vehicle #2 (cutaway van) was traveling north in the northbound lane of another two-lane, undivided, county roadway and was attempting to continue northward in its direction of travel through the same four-leg intersection.

According to the case vehicle driver, she initially did not see vehicle #2. According to the case vehicle driver and our scene inspection, the case vehicle driver's line of sight looking toward the south from the west leg of the intersection was blocked by several large trees and a corn field³. This obstruction most likely made the bus driver pull-out several feet into the intersection in order to check for north-south traffic. According to the case vehicle driver, as she was entering the intersection she noticed vehicle #2 approaching from the south and attempted to accelerate to avoid the collision. As a result, the case vehicle continued straight ahead prior to impact. According to the driver of vehicle #2, she attempted to brake (without lock-up) prior to striking the case vehicle. After braking vehicle #2 continued essentially straight ahead prior to impact. The crash occurred in the intersection of the two roadways.

CRASH:

According to the vehicle inspections, the right rear of the case vehicle (i.e., right rear dual wheels and rearward) was impacted by the front of vehicle #2. According to the Fire Incident Report and the driver of vehicle #2, the initial impact with the case vehicle caused the engine compartment of vehicle #2 to immediately burst into flames. According to the Police Accident Report and the vehicle inspections, vehicle #2 remained in contact with the case vehicle through final rest.

The case vehicle, a 66-passenger school bus weighing approximately 8 tons, started eastward from a STOP sign and, according to the case vehicle's driver, was going approximately 16 k.p.h. (10 m.p.h.) when impacted. The driver of vehicle #2 indicated that she was traveling northward at approximately 48 k.p.h. (30 m.p.h.) prior to braking--the speed limit was 72 k.p.h. (45 m.p.h.). She indicated that she was traveling so slow because she was hauling all of her daughter's possessions (i.e., in the rear of her cutaway van) to her daughter's college dorm. This contractor believes that her speed at impact was most likely between 40 k.p.h. (25 m.p.h.) and 56 k.p.h. (35 m.p.h.).

³ The cornfield had been cut back on both the east and west legs prior to this contractor's scene inspection.

COLLISION SEQUENCE (CONTINUED)

Crash: (Continued)

According to the Police Accident Report, the driver interviews, and the scene inspection, the case vehicle rotated clockwise after the initial impact and was subsequently sideslapped by vehicle #2. According to the scene inspection, the case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the case vehicle, as the case vehicle's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. According to the Police Accident Report and the scene inspection, the case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection.

According to the Police Accident Report and the scene inspection, vehicle #2 rotated approximately 45 degrees clockwise after its initial impact. According to our vehicle inspections, vehicle #2 subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

POST-CRASH:

Occupants:

According to the case vehicle driver, she and all 26 student passengers of the case vehicle remained inside the vehicle at final rest. She and the passengers were conscious and able to exit the case vehicle before the vehicle was consumed by the fire. According to the driver of vehicle #2, she also remained inside the vehicle at final rest, was conscious, and exited her vehicle by crawling out the right side window before her vehicle was consumed by the fire. According to the Police Accident Report, the case vehicle was equipped with an active, two-point, lap belt in the driver position only. According to the Police Report, the driver of the school bus was not wearing her lap belt. According to the vehicle inspection, vehicle #2 was equipped with active, three-point, lap and shoulder belts at the front outboard positions. According to the Police Accident Report and the driver of vehicle #2, she was using her available safety belt.

Police:

The investigating police agency was notified of the crash within two minutes and arrived on-scene within fifteen minutes. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue:

According to the Police Accident Report and the case vehicle's driver, she was transported by the police and administered a sobriety test. According to the case vehicle's driver, she subsequently went to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the driver's interview,

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers were transported by ambulance to a medical facility where they were treated and released. According to the Police Accident Report, the transported passengers sustained minor contusions and abrasions. According to the driver of vehicle #2 and her medical records, she was transported by ambulance to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.

Removal:

Following the police investigation, the case vehicle and vehicle #2 were both towed from the scene because of their damage.

HUMAN FACTORS OCCUPANT DATA Case Vehicle Vehicle #2 **DRIVERS:** 58 years-old female 48 years-old female 165 cm (65 in) 170 cm (67 in) Height: Weight: 64 kg (140 lbs) 66 kg (145 lbs) Proprietor (show dogs) Occupation: School bus driver; unemployed since crash Active Restraint Lap belt/used 3-point lap and shoulder System/Usage: belt/used Interviewee Interviewee **Usage Source:** Passive Restraint None available/None used None available/None used System/Usage: Usage Source: Not applicable Not applicable Eye glasses/contacts: Unknown None Driven for 3 years; Vehicle Familiarity: First time in this specific bus; ~45,000 km $\sim 8,000 \text{ km } (5,000 \text{ mi})$ (28,000 mi) last year in per year similar type school buses Route Familiarity: First time on this bus Driven daily route; driven this road

infrequently

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

DRIVERS: (Continued)	Case Vehicle	Vehicle #2	
Trip Plan:	School to school, picking up students along designated bus route	Driving daughter from home to college	
Manner of Leaving Scene:	Police vehicle: taken for blood alcohol test	Private vehicle {Daughter's vehicle which was following}	
Type of Medical Treatment:	Treatment later @ hospital emergency room	Transported and released	
Blood Alcohol Level:	Negative {.00 per PAR}	Not tested	
	Case Vehicle: 9th row, right side, window seat	Case Vehicle: 10th row, right side, window seat	
INTERVIEWED OCCUPANTS	9 year-old female	12 year-old female	
Height:	145 cm (57 in)	168 cm (66 in)	
Weight:	50 kg (110 lbs)	47 kg (103 lbs)	
Active Restraint System/Usage:	None available/None used	None available/None used	
Usage Source:	Vehicle inspection, Police Accident Report	Vehicle inspection, Police Accident Report	
Passive Restraint System/Usage:	None available/None used	None available/None used	
Usage Source:	Not applicable	Not applicable	
Eye glasses/contacts:	Not applicable	Not applicable	
Manner of Leaving Scene:	Ambulance	Ambulance	
Type of Medical Treatment:	Treated and released	Treated and released	

Case Vehicle Driver Injuries				
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>
Cervical strain {muscle spasms}	640278.1,6	7	Noncontact flex- ion-extension	{Possible}
Contusion medial right lower leg	890402.1,1	7	Interleg contact of occupant's own legs	{Probable}

SECOND CASE VEHICLE OCCUPANT INJURIES					
Description of Injury	<u>A.I,S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty	
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}	

THIRD CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty		
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}		

FOURTH CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source Injury of Data Mechanism		Certainty		
Injury to lower extremity, not further specified	890099.1,9	9	Unknown source	{Unknown}		

FIFTH CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty		
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}		

SIXTH CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	A.I.S.	Source of Data	Injury <u>Mechanism</u>	Certainty		
Abrasion right elbow	790202.1,1	3	Right side interior bus surface	{Probable}		
Contusion right elbow	790402.1,1	3	Right side interior bus surface	{Probable}		

CASE NO. - 95-16

SEVENTH CASE VEHICLE OCCUPANT INJURIES					
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty	
Abrasion left lateral eyebrow	290202.1,2	7	Seat back support	{Possible}	
Contusion left lateral eyebrow	290402.1,2	3	Seat back support	{Possible}	
Abrasion right arm above elbow	790202.1.1	3	Right side interior bus surface	(Probable)	
Contusion right arm above and below elbow	790402.1,1	3	Right side interior bus surface	{Probable}	
Contusion left proximal fore- arm	790402.1,2	3	Seat back support	{Possible}	

EIGHTH CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	<u>Certainty</u>		
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}		

NINTH CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source Injury of Data <u>Mechanism</u>		Certainty		
Abrasion scalp, not further specified	190202.1,9	9	Unknown source	{Unknown}		

TENTIL CASE VEHICLE OCCUPANT INJURIES						
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty		
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}		

Vehicle #2 Driver Injuries					
Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty	
Laceration left knee	890602.1,2	3	Left instrument panel and below	{Probable}	
Contusion left knee	890402.1,2	3	Left instrument panel and below	{Probable}	

VEHICLE	#2	DRIVER	INJURIES	(CONTINUED)
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Description of Injury	<u>A.I.S.</u>	Source of Data	Injury <u>Mechanism</u>	Certainty
Contusion right knee	890402.1,1	3	Left instrument panel and below	{Probable}
Laceration right ankle	890602.1,1	3	Foot controls (i.e., brake pedal)	{Possible}
Laceration left ankle	890602.1,1	3	Left instrument panel and below	{Probable}
Abrasion left shoulder	790202.1,2	3	Torso portion of 3-point restraint	{Probable}
Contusion chest	490402.1,4	7	Torso portion of 3-point restraint	{Probable}
Contusion left shoulder	790402.1,2	7	Torso portion of 3-point restraint	{Probable}
Contusion left forearm	790402.1,2	7	Left instrument panel and below	{Probable}
Sprain left ankle	850206.1,2	7	Toe pan	{Probable}
Contusion left ankle	890402.1,2	7	Toe pan	{Probable}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle driver, her initial posture just prior to the impact was: sitting upright with her back against the seatback, left foot on the floor, and right foot on the accelerator--she had attempted to accelerate immediately prior to impact. The vehicle inspection revealed that the seat track was set all the way forward with the seatback, which was not adjustable, in the upright position. According to the case vehicle's driver, this was her first time in this bus, so she had to adjust the seat track position.

Based on the driver's interview and occupant kinematic principles, the case vehicle's right angle impact with vehicle #2 caused the rear end of the 38-foot bus to rotate clockwise. According to the driver, the impact and subsequent rotation had little effect on her posture, most likely because the impact was so far rearward of the driver's seating position. The driver stated that she was wearing her available, active, lap belt.

After the initial impact with vehicle #2, the case vehicle and vehicle #2 sideslapped each other, most likely having an insignificant impact on the posture of the case vehicle's driver. After the sideslap, the case vehicle continued its clockwise rotation as the case vehicle went off the northeast corner of the intersection causing it to tip to it's left. As the case vehicle was tipping, it struck a utility pole and uprighted itself. According to the driver she had no recollection how her body reacted to either the clockwise rotation or the case vehicle's tipping to the left. Her only recollection was the feeling of shear panic at the thought that the bus, loaded with all the children was going to tip on it's side.

At final rest, according to the driver, she was essentially in the same seating position as she was prior to the crash due to her wearing her available lap belt.

Passenger Kinematics

This contractor sent a questionnaire to the nine student passengers reported as injured on the Police Accident Report. Of the nine students, only two questionnaires were returned and both agreed to allow this contractor to acquire their medical records.

According to the nine year-old female passenger (#07) who was seated in the ninth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on the seat in front of her bracing for the impending crash. It should be noted that there are no seatbelt restraints available for anyone other than the case vehicle's driver.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing a contusion to her right upper arm and an abrasion to her right forearm. This occupant also sustained a contusion and abrasion to the left lateral side of her forehead (at her eyebrow) and a contusion to her left forearm most likely, according to her interview, from contacting the seatback in front of her.

This passenger most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. Although it is unknown what the sequencing of contacts were, it is most likely that the right side injuries occurred during the initial impact with vehicle #2 while the left forearm and forehead injuries occurred during the utility pole impact. This occupant has no recollection regarding her location or posture at final rest.

According to the twelve year-old female passenger (#10) who was seated in the tenth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on her lap.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing an abrasion and a contusion to her right elbow.

This passenger also most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. This occupant has no recollection regarding her location or posture at final rest.

CASE VEHICLE EVACUATION

According to the Supplemental Police Accident Report and the case vehicle's driver, all 26 student passengers evacuated the bus in a quick and orderly manner. According to the driver's interview, upon coming to a complete stop, she immediately told the students to come up to the front of the bus in single file and exit. Although she could see the fire in her outside review mirror and determined that the fire was worsening, she was careful not to panic the students by mentioning the fire; however, the students most likely saw the fire. After exiting the case vehicle, the driver instructed them to go south to a nearby residence and call **911** for help. According to the case vehicle driver, a couple of students wanted to go back and retrieve their backpacks, but she would not allow them to re-enter the case vehicle.

Discussion

This contractor believes the school bus driver's obstructed line-of-site to the south, looking for northbound traffic, contributed to this crash. According to the school bus driver, the cornfield at the southwest corner of the intersection was cut back following the crash. The scene investigation (see Selected Photographs #04 and #16) confirmed that a portion of cornfield on the southwest corner had been recently cut. In addition to the line-of-site problem for the case vehicle driver, this contractor believes that the bus driver was not sure regarding her route's direction of travel (i.e, proceeding eastward versus turning left to go north). Together, these factors contributed to the crash.

⁴ Although the case vehicle driver was an experienced school bus driver, this was her first time on this route.

ACCIDENT COLLISION MEASUREMENT TABLE

Administration

U.S. Department of Transportation National Highway Traffic Safaty

ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number / O Case Number – Stratum 95/6 ACCIDENT COLLISION DIAGRAM CRASH DATA Document vehicle dynamics including: * all road/roadway delineation (e.g., reference point and reference line relative VEH. #1 VEH. #2 VEH. #3 curbs/edge lines, lane markings, median to physical features present at the scene markings, pavement markings, parked Heading Angle vehicles, poles, signs, etc.) scaled documentation of all accident induced physical evidence * all traffic controls (e.g., speed limit) scaled documentation of all roadside Surface Type * north arrow placed on diagram objects contacted Surface scaled representations of the vehicle(s) at * roadway surface type and condition of Condition pre-impact, impact, and final rest based applicable roadways upon either: Coefficient of * grade measurements for all applicable Friction roadways and at location of rollover a) physical evidence, or initiation Grade (v/h) b) reconstructed accident dynamics Measurement * roadway curvature (between impact and final rest) Grade (v/h) Measurement (at location of rollover initiation) SPD Limit 45 moh Reference Point: Reference line: Distance and Direction Distance and Direction Item from Reference Point from Reference Line SCRAPE BEG Bus TIRE Scudt

ltem	Distance and Direction from Reference Point	Distance and Direction from Reference Line
APPROXIMATIONS @ SCE	re w/ Eviden	ce
Bus FRP HOS 135	•	-
VAN FRP HOG 53		
5.1 1.5 19.7 N	5.9m RPK	TALL Bushes 7.8m 1.2 3.1 m 5.1

Appendix A:

POLICE ACCIDENT REPORT, FIRE INCIDENT REPORT,

AND POLICE ACCIDENT REPORT SUPPLEMENT

			FICER'S	STANE	ARD CRA	SH REPOR	₹T (_	rash I.D. N		USE ONLY		
Prim.	State f Mail t	Form: 'a: S	tate Police.	Crash Reco	ords Section							
9 V3	Date of Crash		Day of W	leek	Actual Local T	ime [Ŋ	AM Venic		o. Injured	No. Dead	No Tra	ilers
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3.	Driver's Alama /l a	er Firel MI)				University	ianie (Lasi, r	1131, 1411,				}
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	Apparent Phys. Stat (enter no.)	Sex Date	of Birth	5 8	ILA Yes			b	o. 2	• • • • • • • • • • • • • • • • • • • •	Yes	
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6_	Address (Street, C					」					Lic. St.	Lic. Yr.
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	INITIAL IMPACT	Areas Damag	ed (Multiples)				Dire	ction Stre	et/Highway	Arrested	? Apparent Stat. (ent	
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Diagram		
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<u> </u>		
	ATIVE (Refer to Vehicle by Number)	
Veh #1 was traveling East bound on	stopped at the inters	i i
Veh #2 was traveling North b	e intersection, Veh #1 failed to	ing the intersection to
Veh., moving into the intersection		
Veh #2 in an attempt to avoid Veh #	1, steered to the right (East),	where Veh #2 collided
into the right rear side of Veh #1.	After impacting Veh #2, Veh #	rotated clockwise.
where the rear of Veh #1 then colli	ded into a telephone pole locate	ed on the northeast
corner of the intersection. Veh #1		
on facing	in a Southeast direction. Veh a	#2 after impact,
came to a final uncontrolled rest a	t the northeast corner of	and
facing in a northeast directi		
D1 Insured By	D2 Insured By	
Other Participant(s) Name, Address (etc.)		Location at Time of Crash
Name of Witness No. 1	2	Behind Vehicle #2
Name of Witness No. 2	Name of Person Arrested	I.C. Code(s).
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Registered Owner	s Name (Last.	rirst, MI)				Registered O	witer 5 NA/	ine (LdS)	i, riisi, M	•,			
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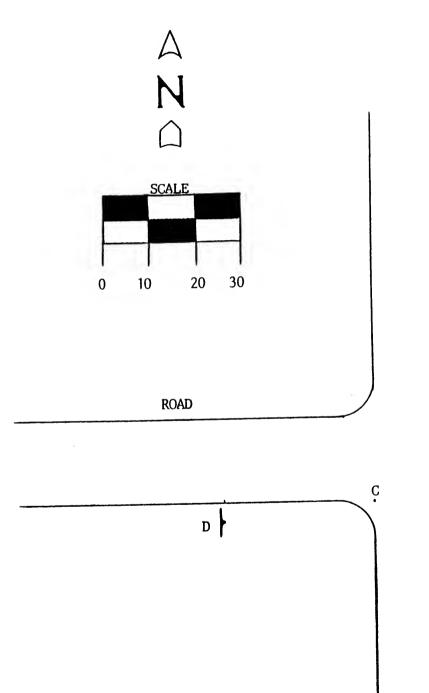
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D1 Insured By		D2 Insured By		
D1 Insured By Other Participant(s) Name, Address (etc.)		D2 Insured By		
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Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested Time Notified AM Time Arrived AM Other Location PM	Address I.C. Code(s) of Investigation I.D. No.	Name of Person Arrested Invest Agency	Location at Time	I.C. Code(s) Photos Taken

				OFFICE USE ONLY	
State <i>Mail</i>	Form:			Crash I.D. No.	
Date of Crash.	Day of	Week Ar		No. Motor No Injured No. Dead No. Tr	allers
	95			Vehicles 10 0 0	
CORINIO		Township		Citu/Town or Nearest City/Town	
2					
Inside Corporate	Limits? Property?	DNR Distance and	Direction From Corporate L	Limits	
		- 00	iles North Mile	es South Miles East Miles	West
Road Crash Oc	curred On		Intersecting Road/	Mile Marker/Interchange	
If not at Intersect	ion. number Direction	Nearest Intersecting F	Road/Mile Marker/Interchan	100	
of feet from					
Driver's Name (L.	ast, First, MI)		Driver's Name (L	ast, First, MI)	
		/			
Address (Street,	City, State, Zip		Address (Street,	City, State, Zip	
L				10 10 10 11	
Apparent Phys. Stat (enter no.)	Sex Date of Birth	YEAR Z Yes	Apparent Phys Stat (enter no.)	Sex Date of Birth Arrested Yes	
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Driver's License !	40 .	Lic. Type Lic. St. Res	tr Can Driver's License f	No. Lic. Type Lic. St.	, west .
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(enter no.)		/	(enter no.)		
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(enter no.)			(enter no.)		
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Towed To			Ξ.		
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) []		
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W V1 V2	VEHCLE 1	2 - None	Damage Est (use chart)	1 Not in roadway 2 Standing in roadway 3 Playing in roadway	
AG		Y (INCLUDE CARGO)	Damage Est	Pushing or working on vebicle Other working in reaguely	
Name of Object	OWNER'S NA	ME AND ADDRESS	(use chart)	6 Walking in roadway with traffic 7 Walting in roadway against traffic	
0				8 Getting on or off vehicle 9 Getting on or off school bus	
				10 Crossing or entering not at intersection 11 Crossing or entering at intersection	
				12 Other	No
16 17 18 18 19		20		21. 22. 23. 24. 25. 26. 27. 28. 2	J.
		OF VEHICLE 1 (as is	isted above)		/
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					-/
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NAR	RATIVE (Refer to	Vehicle by Number)		
			/	
	1			
D1 Insured By		D2 Insured By		
		D2 Insured By		
D1 Insured By Other Participant(s) Name, Address (etc.)		D2 Insured By		
	Address	D2 Insured By	Location at Time	of Crash
Other Participant(s) Name, Address (etc.) Name of Witness No. 1		D2 Insured By	1	
Other Participant(s) Name, Address (etc.)	Address Address	D2 Insured By	Location at Time	
Other Participant(s) Name, Address (etc.) Name of Witness No. 1		D2 Insured By Name of Person Arrested	1	
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address I.C. Code(s)	Name of Person Arrested	Location at Time	of Crash
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address	Name of Person Arrested	Location at Time	I.C. Code(s)
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address I.C. Code(s)	Name of Person Arrested	Location at Time	of Crash
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested	Address I.C. Code(s) of Investigation I.D. No.	Name of Person Arrested Inves	Location at Time	I.C. Code(s) Photos Taken Yes No Date of Report
Other Participant(s) Name, Address (etc.) Name of Witness No. 1 Name of Witness No. 2 Name of Person Arrested Z Time Notified AM Time Arrived AM Other Location PM	Address I.C. Code(s) of Investigation	Name of Person Arrested	Location at Time	I.C. Code(s) Photos Taken

FIRE INCIDENT REPORTING SYSTEM BEST AVAILABLE

response (whe	IR TYPE, IN YOUR OWN I WRITTEN AND CODED IN NECESSARY), LEAVINI I BLACKING N/A CODE W	G	INCIDE	NT REPORT	FUSED FOR FIRE SE REPORT, BE SUME TO	INVICE CHARGE	1 · DELETE REC. 2 · CHANGE
NO ITEM OCKAIN,	The same was the same of	EXP.	1 0 Sund	iny 3 m Tueschiy 6	Y Truck Al Attar YSAS. G Friday G Sat	ARRAAL TIME	TIME —"In Service"
	ATION FOUND 1 12 0 Outside of structure	13/4 Verischung o ère 14 m Treen, bru 15 m Treen, rub	John grade tra 1 X Extinocolor five 2 a Reso	ACTION TAKEN quishment 4 = Removus us 5 = Standt lighton only 5 = Salvag	y 9 P Not classi	ve up. transfer	MUTUAL AID UNE Rec's 2 is Given FDID: IS N/A 55-00/
FDED PROPER	TY USE (Occupancy	. D 21	Rosansy 19161	IGNITION FACTOR	•	*	1717
CORRECT ADD	RESS (LID to maximum o				11 142-2	ZIP CODE	CENSUS TRACT
OCCUPANT NA	ME LAST FIRST M	(L)			TELEPHONE	e -	ROOM of APT.
MINICO NILLE	And End L		-30-			TELE	PHONE A
METHOD OF AL 1 pf Telephone dir 2 8 Municipal alar 3 II Private alarm	ect 5 = Verbal rei system 6 = No stam	8 0 Not class	gnal municipal & arm signer sitted above mined or not reported	DISTRICT	SHIFT	ALARM	3 1 (
FIRE PERSONN	EL RESPONDED	ENGINES RESPO	MOED	AERIAL APPARAT	US RESPONDED	OTHER VEHICLES	RESPONDED
INCIDENT - REL INJURIES	ATED COMPI FIRE S	LETE NEIRS 3	COMPLETE NFIRS	INCIDENT - RELA FATALITIES	TED COMPLE FIRE SVC		COMPLETE NFIRS 2) OTHERS
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LREA OF FIRE C	INC COND		PE OF MATERIAL IGN		MEDSINE Com	TE LINE T) AF OHHEL ATERIAL IGNITED	Jeh.
4 4	om EUEINE	1119 0	ASOLINE	LEVEL OF FIRE OFFICE	B GASOLIN		1816
EXTINGUSHIME 1 o Set-extinguish 2 o Meke-shiit ald	ed 5 0 Pre-connect bo 5 XCPre-connect bo		pipe reported	1 © Grade level to 1 ft. 2 © 10 to 19 lest 3 × 20 to 29 lest 4 © 30 to 49 lest	8 Pi Over 70 feet 7 Pi Objects in Righ 8 Pietrar ground 9 Piet chamilted a 0 Pietrariened	lavel i	5 151010100
NUMBER OF ST	ORIES 3 0 3 to 4 atom 4 0 5 to 6 atom 5 0 7 to 12 ato 5 0 13 to 24 at	ter & ¤ 50 secries o ories 0 ⊈ Undetermen	or chore 1 □ Fire resul? Hed Dr 2 □ Heavy Wind	ve 3 Her	Unprotected non-combi Protected profinary Unprotected ordinary Protected wood transp	9 U Not ch	lected wood frame septed above smined or not.
EXTENT OF DAY Confined to the obj Confined to part of Confined to more of	ect el origin 1 roms dr aven al orgin 2	2 o 2 o (Continued to the tire-cased to Continued to Four all estgin Continued to structure of an	, <u>\$</u> 0	5 T Undertermin	ging to endough and graphic to a second general properties of the control of the	Flame Smoke in 70 79 00 80 90
DETECTOR PER	FORMANCE r apace of fire origin - oper, in or apace of fire origin, - o r apace of origin - no oper,	but fire it sper. 9 9 Not cluis 0 P Underpri	can or space of life origin. so amail to oper. illied above sined or not reported sore present (N/A)		oled Id have operated - did not but the soo small to oper.	Ø □ Undeteri 8 □ No equip	sided or not reported intent protect (NIA)
to Det inclie room o	ro or space of origin - no op	per. Bla No desec					
2 to 20st not in room of a Dat in room of a Dat in room of a = Dat inch in room of a = Dat in room	TYPE OF MATERIAL OMOST SMOKE		98 - N/A	AVENUE OF SMOI) a Air hyteling duc 2 a Corridor 3 p Develor shelt			enting in floor pilled above nimed or not reported us of smoke topsel (\$L/A)
E to Day, mod its room o E to Day, in room o 4 = Day, and its roo	TYPE OF MATERIAL OMOST SMOKE	GENERATING	98 - N/) a Air hendling duc	t 4 a Steinwell 5 a Opening In cores	9 9 Not pressure of the Understand	pilied above nimed or not reported
2 to Dat, not be root a Dat in room o a Dat in room o a Dat in room be swooke signed be room ge cream ge cream ge cream ge cream ge cream	TYPE OF MATERIAL OF MOST SMOKE FORM OF MATERIAL FORM OF MATERIAL PERTY PERT	GENERATING MOS	98 ° N//	1 a Air handling duc 2 a Corridor 3 a Develor shall	t 4 a Steinwell 5 a Opening In cores	B 0 Not plass uction 0 a Undetermination B 0 No segment	pied inbove mined or not reported as of smoke beyond \$4/A) 98 C N/A NO. (If erry)
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2 to Dat, not be root a Dat in room o a Dat in room o a Dat in room be swooke signed be room ge cream ge cream ge cream ge cream ge cream	TYPE OF MATERIAL OF MOST SMOKE FORM OF MATERIAL	GENERATING MOS	98 ° N//	in a Air handling ducing a Constant in a Con	4 o Steinedl 5 o Opening In const 6 b Usiny apening in SERIAL NO.	B 0 Not plass uction 0 a Undetermination B 0 No segment	pied above mined or not reported as of smoke beyond \$4/A) 98 C N/A NO. (If erry)



AFTER ACCIDENT DIAGRAM 1995 INTERSECTION

DRAWN BY:

ROAD

LEGEND

A - 1986 CHEVROLET (SCHOOL BUS)

B - 1985 CHEVROLET (STEP VAN)

C - REFERENCE POINT #1

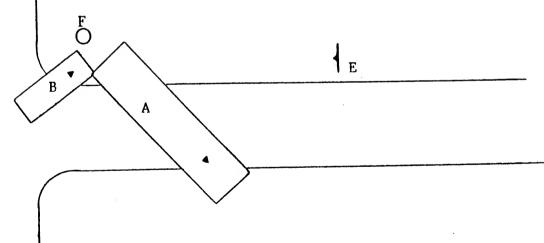
D - STOP SIGN - EAST BOUND

ROAD

E - STOP SIGN - WEST BOUND

ROAD

F - TELEPHONE POLE



95

15.5 mi. NW of

ROAD @

ROAD

Veh#1:

Veh#2:

On '95 this unit was advised by that There had been a personal injury accident involving a school bus in

Upon arrival at and in the northwestern part of this unit observed a 1986 Chevrolet (Bluebird body) school bus (# Box

The bus was still on fire with Volunteer Firemen trying to put the fire out. A white van single-axle truck was nosed into the left rear of the school bus. The van had also been on fire, but was just smoking at the time. After the fire was extinguished and the bus had cooled off, I made an inspection of the vehicle.

The mileage on the school bus was 138,307. The driver, a D.O.B. CDL_i stated "the brakes were working fine and the only trouble I was having was learning where the stops were for my route." This was her first day on this route with a different bus than she usually drove.

The front disc brake pads were both approximately ½" thick while the rear pads were approximately 9/16" on outside and 7/8" on the inside.

Both front and rear rotors were non descript having no warpage or grooves.

The front tires were both in good shape with 10/32" tread depth on the left and 9/32" tread depth on the right. All four (4) rear tires had at least 8/32" tread depth on them with the left 2 rear tires flat due to heat from the fire. The bus also had a new exhaust system from the front of the muffler to the rear of the bus which appeared to be free from leaks. Both front axle king pins had been replaced prior to the annual school bus inspection program which was held on 95 and was passed. A new drag link was installed about the same time as the king pins.

All mirrors and lights were in the proper location and, according to the driver, were working properly.

The evacuation of the bus after the collision was quick and orderly by the driver and students of which 42 were on the bus. The driver, herded the kids to the east along away from the bus Page 2 - 95 - Veh#1:

Rd. @ Veh#2: Rd.

and van. She then went back and used the fire extinguisher trying to put the fire out but it had spread too much for a $2\frac{1}{2}$ lb. extinguisher to do any good.

I might add that the fire had started in the engine compartment of the wan and had spread underneath the bus flooring into the interior of the bus from the left rear corner.

The driver, was taken to and drug tested within 32 hours after the accident as per Both vehicles were taken by wrecker to exit

CONCLUSION: This accident was not contributed to or caused by any mechanical failure of the bus system. The school bus was struck approximately 6" forward of the center line of the right rear wheel causing it to rotate its rear end northward.

Appendix B:

RECONSTRUCTION PROGRAM RESULTS

CRASHPC (BARRIER OPTION--VEHICLE #2)

Three estimates were made of vehicle #2's Delta V using the CRASHPC program, barrier option. The crush profile came from the vehicle inspection. Three vastly different weight estimates were used because the available documentation only indicates the curb weight of vehicle #2's chassis/cab. According to the Vehicle Identification Number, vehicle #2's Gross Vehicle Weight Rating is 9,001-10,000 pounds; therefore, the cargo weight was adjusted to create a total vehicle weight of 8,000, 9,000, or 10,000 pounds plus the occupant's weight, respectively. Despite the vastly different weights used, the effect on the resultant Delta V's is minimal.



U.S. Department of Transportation

National Highway Traffic Safety

CRASHPC PROGRAM SUMMARY

National Highwey Traffic Se Administration	fety	(All Measurem	nents In Metric)	NATIONAL ACCIDENT SA CRASHWORTHINES	MPLING SYSTEM S DATA SYSTEM
Identifying Title Primary Sampling Unit	9516 Case NoStratum		ccident Event equence No.	Date (Month, day, year) of Ri	nu
CRASHPC Vehicle Id	dentification				
Vehicle 1					
Vehicle 2					
	Year	Make		Model	NASS Veh. No.
	GE	NERAL IN	FORMATION		10
	VEHICLE I	. 1		VEHICLE 2	7
Size		11_	Size		7
Weight + + + Curb Occupant(s)	=	kg	Weight 1935+66 Curb Occupant(s	+2.147 = 4/4	<u>8</u> kg
CDC			CDC	12FDE	ω 3
PDOF (-180 to +180	o) <u>+</u>	•	PDOF (-180 to +		100
Stiffness			Stiffness		7
	S	CENE INFO	DRIVIATION		
Rest and Impact Pos					
	VEHICLE 1	oponyono T		VEHICLE 2	
Rest Position	х	m	Rest Position	х	m
1 03111011	Υ	m	Contion	Υ	m
	PSI			PSI	°
Impact	x	m	Impact	x	m
Position	Υ	m	Position .	Υ	m
	PSI	 °		PSI	°
Slip Angle(-180 to +	180)	<u> </u>	Slip Angle (-180 to	o +180)	°
	000000000000000000000000000000000000000	VEHICLE	MOTION		
Sustained Contact] No [] Yes				
'	VEHICLE 1			VEHICLE 2	
ehicle Rotation Rotation Stop Be		[] Yes [] Yes	Vehicle Rotation Rotation Stop	•	[] Yes [] Yes
End of Rotation Position	x	m	End of Rotatio	n X	m
FOSITION	Υ	m	rosition	Υ	m
	PSI	· · · · · ·		PSI	o·
Curved Path Point on Path	[] No	l l Yes	Curved Path Point on Path	[] No	[] Yes
X	m Y	m	V	m Y	m
Rotation Direction Rotation > 360°	None [CW	ICCW	Rotation Direction Rotation > 360°	[] None	[]] ccw

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

		FRICTION INFORMATION		TRAJECTORY INFORMATION		
			Trajectory Data [] No	Yes		
Coefficient of Friction		If No. Go To Demage Info				
Rolling Resistance Opti	UII	_	Makinla 1 Const Apple			
Vehicle 1 Rolling Ro	osistance		Vehicle 1 Steer Angles	0 DC		
_			LF	_		
	RF	·	LR	- nn		
LR	nn	· —— —				
Vehicle 2 Polling P	-cietanae		Vehicle 2 Steer Angles	0 DF		
Vehicle 2 Rolling Ro			LF	• RF		
LR · _	RF	·	LR	nn		
·	nn ·	· —— —				
			Terrain Boundary [] 1	lo [] Yes		
			First Point	·		
			X m	Y		
			Second Point			
			X m	Y		
				. 100		
			Secondary Coefficient of	Friction		
	D	AMAGE IN	IFORMATION			
VE	HICLE 1		VEHIC	CLE 2		
Damage Length	L	cm	Damage Length	L / 8 5 cr		
Crush Depths	C,	cm	Crush Depths	c, <u>0 / 7</u> cr		
	C ₂	cm		$C_2 = 0 + 9 \text{ or}$		
	C ₃	cm		C, <u>019</u> cr		
	C	cm		C ₄ 0 1 9 a		
	C,	cm	militaria de la composición della composición de	c. <u>029</u> a		
	C ₆	cm	F	C. 0 2 2 g		
Damage Offset	D ±	cm	Damage Offset	D + 0 0 0 a		

SUMMARY OF CRASHPC RESULTS USING DAMAGE _____

Special Crash Investigation, TRC/IU Case 95-16, Task 9525

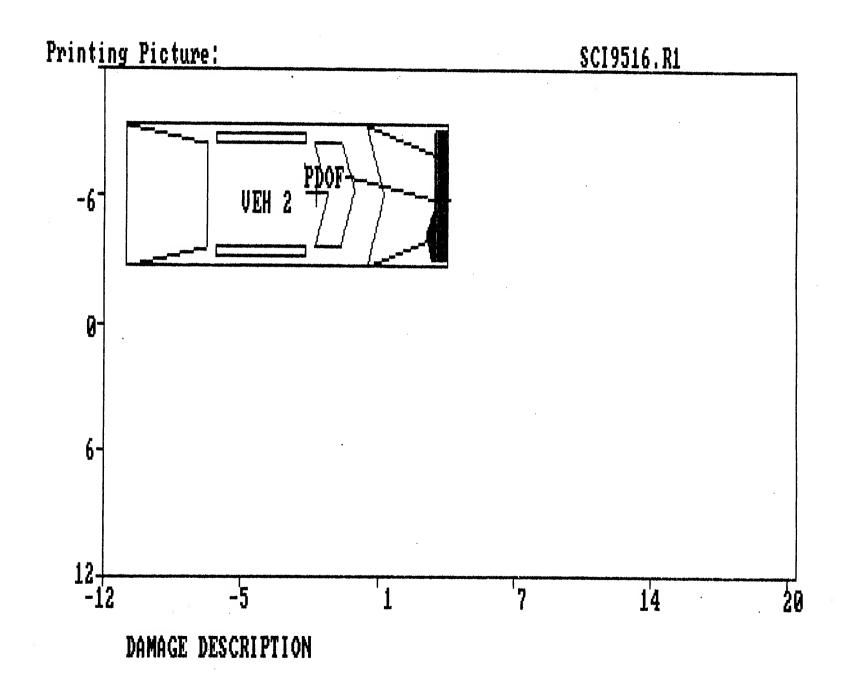
SPEED CHANGE (DAMAGE) VEHICLE #1 0 KPH (0 MPH) TOTAL 0 KPH (0 MPH) 0 KPH (0 MPH) LONGITUDINAL LATITUDINAL PDOF ANGLE O DEGREES PDOF ANGLE U DEGREES ENERGY DISSIPATED = 0 JOULES (0 FT-LB) VEHICLE #2 TOTAL 21 KPH (13 MPH) LONGITUDINAL -21 KPH (-13 MPH) LATITUDINAL 4 KPH (2 MPH) PDOF ANGLE -10 DEGREES ENERGY DISSIPATED = 69793 JOULES (51469 FT-LB)

DAMAGE DATA _____

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY STIFFNESS CATEGORY	11 0	7 7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	3695 KGS (8146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	O DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)
		(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	35672 KGS (78642 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	10 KGS (21 LBS)



 $\ \, \text{U.S. Department of Transportation}$

CRASHPC PROGRAM SUMMARY

BEST AVAILABLE

National Highway Traffic Safety

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM

Addison the contract of the co				CRASHWORT	HINESS DATA SYSTE
Identifying Title Primary	9516 Case NoStratum	_	O 1	Date (Month, day, year	
Sampling Unit			Sequence No.		or Run
CRASHPC Vehicle Id	dentification				
Vehicle 1					
Vehicle 2	Year	Make		Model	NASS
	6-	NEDAL I			Veh. No.
		NERAL II	VFORMATIO		
Size	VEHICLE I	11	Cino	VEHICLE 2	7
Weight			Size Weight		
+ +	=	kg	1935+	66 + 1,694= 3 6	95 kg
Curb Occupant(s)	Cargo		Curb Occ	cupant(s) Cargo	
CDC			CDC		<u>E W 3</u>
PDOF (-180 to +180	D)	°	PDOF (-180	to +180)	0/00
Stiffness			Stiffness		7
	S	CENE INF	ORMATION		
Rest and Impact Posi	tions No, Go To	Damage Inf	ormation []	Yes	
1	VEHICLE 1	georgeoco (* ,)		VEHICLE 2	13
Rest	X	. m	Rest	X	0_1
Position	Υ	. m	Rest Position	Y	m
	PSI	0		PSI	
Impact	X	D)	lmnast		
Impact Position	Y	m	Impact Position	X	m
	PSI			PSI	· m
Slip Angle(-180 to +	180)		Slip Angle (-	180 to +180)	
		VEHICLE	MOTION		
Sustained Contact] No [] Yes				
	'EHICLE 1			VEHICLE 2	
ehicle Rotation	[] No [] Yes	Vehicle Rota		
Rotation Stop Bef	***************************************) Yes	******************************	tion []] Stop Before Rest [] [*****************
End of Rotation Position	×	m	End of R	otation X	. m
7 03111011	Υ	m	Position	v	m
	PSI	•		PSI	· · · · · ·
Curved Path	I INo I] Yes	Curved Path	1 13	No [] Yes
Point on Path		· ×	Point on		1 103
×	_ m Y	· m	x	m Y	m
Rotation Direction [CCW		ection [] None [] (>360° [] No [] Ye	

BEST AVAILABLE

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

Coefficient of Friction Rolling Resistance Optio	·		Trajectory Data []	No [] Yes
Coefficient of Friction Rolling Resistance Optio	·			
dolling designative obtiv	NO.		If No. Go To Damage	Information
-	**	- 1	Vehicle 1 Steer Angle	
Vehicle 1 Rolling Re	esistance		LF	
	RF		LR	
LR		·		
			Vehicle 2 Steer Angles	S
Vehicle 2 Rolling Re	sistance		LF	
LF	RF	·	LR	
LR	RR	•		
			Terrain Boundary [No [] Yes
			First Point	
		•	X m	Y
			Second Point	
			X	Y
	8 .			of Friction
	· 		Coondary Commonding	
	D	AMAGE IN	FORMATION	
VE	HICLE 1		VI	HICLE 2
Damage Length	L	cm	Damage Length	L <u>/85</u> 0
	_		0 1 5 4	0 017
Crush Depths	C,		Crush Depths	$c_1 \frac{0}{0} \frac{1}{1} \frac{1}{9} c_2$
	c,			$c_3 = \frac{1}{2}$
	- — —	cm		$\begin{array}{cccccccccccccccccccccccccccccccccccc$
	C	-		$c. \frac{0}{29}$
	C ₆	cm	-	c. 022
	O6			· · · · · · · · · · · · · · · · · · ·
Damage Offset	D +	cm	Damage Offset	D ± 000,
Julilago G. Tool				
IF THIS COMMON IMP.	ACT WAS WITH A I	MOTOR VEHICL	E <i>NOT IN TRANSPORT,</i> FILL	IN THE INFORMATION BELOV
Model Year:			The Weight, CDC, Scen	e Data and Damage Informat
Make:			for this vehicle should l	
Model:				

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU 95-16, Task 9525

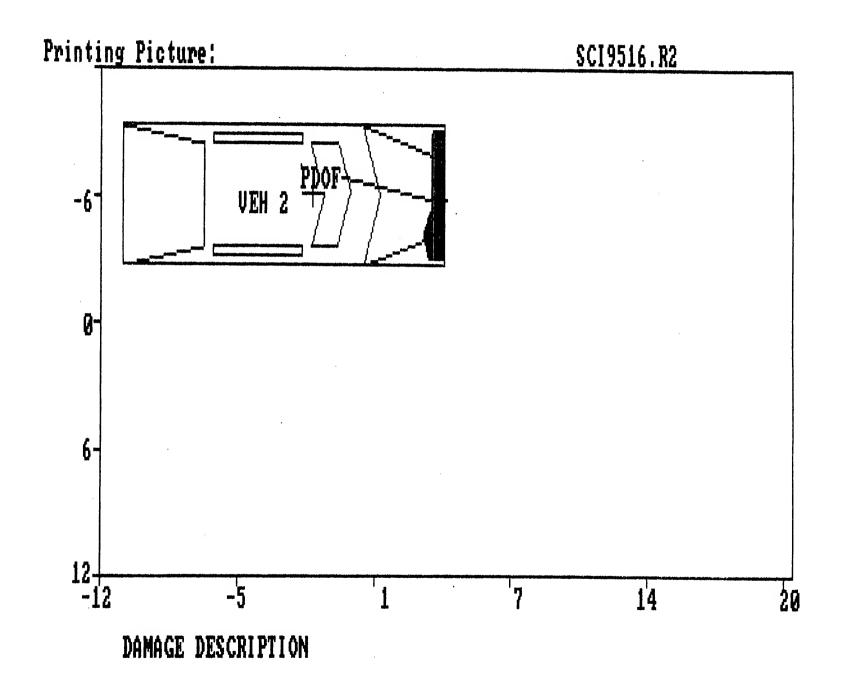
SPEED CHANGE (DAMAGE) VEHICLE #1 0 KPH (0 MPH) TOTAL 0 KPH (0 MPH) 0 KPH (0 MPH) LONGITUDINAL LATITUDINAL 0 DEGREES PDOF ANGLE ENERGY DISSIPATED = 0 JOULES (0 FT-LB) VEHICLE #2 20 KPH (13 MPH) TOTAL TOTAL LONGITUDINAL LATITUDINAL PDOF ANGLE 20 KPH (13 III.) -20 KPH (-12 MPH) 4 KPH (2 MPH) -10 DEGREES ENERGY DISSIPATED = 69793 JOULES (51469 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	4148 KGS (9145 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	O DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)
		(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	40046 KGS (88284 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	11 KGS (24 LBS)





U.S. Department of Transportation

CRASHPC PROGRAM SUMMARY

National Highway Traffic Sa Administration	fety	(All Maasurem	nents In Metric)	NATIONAL ACCIDENT : CRASHWORTHIN	SAMPLING SYSTEM ESS DATA SYSTEM
Identifying Title	9 ~ 1		<u> </u>		- DATA STSTER
	73/6		0 1 _		
Primary Sampling Unit	Case NoStratum		ccident Event equence No.	Date (Month, day, year) of	Run
CRASHPC Vehicle Id	dentification				
Vehicle 1					_
Vehicle 2					
	Year	Make		Model	NASS Veh. No.
	GE	NERAL IN	FORMATION		
	VEHICLE I			VEHICLE 2	
Size		11	Size		7
Weight			Weight		
+ +	=	kg	1935+ 66	2,601=4 6	0 2 kg
Curb Occupant(s)	Cargo		Curb Occupant(s)	Cargo	<u> </u>
CDC			CDC	12FDE	$= \omega 3$
PDOF (-180 to +180	o) <u>+</u>		PDOF (-180 to +1	80)	100
Stiffness			Stiffness		7
	S	CENE INFO	ORMATION		
Rest and Impact Posi			rmation [] Yes		
١	VEHICLE 1	₩		* VEHICLE 2	
				V 2O22 2	
Rest Position	х	m	Rest Position	х	m
	Υ	m	1 03111011	Υ	m
	PSI	°		PSI	· °
Impact	X	. n ı	Impact Position	X	. m
Position	Υ	. m	Position	Υ	
	PSI			PSI	—·— '''
Slip Angle(-180 to +	180)	•	Slip Angle (-180 to		
		VEHICLE			
Sustained Contact	2 000000000000000000000000000000000000				
	/EHICLE 1			VEHICLE 2	
ehicle Rotation	[] No [] Yes	Vehicle Rotation		
Rotation Stop Bet	***************************************	l Yes	Rotation Stop E	[] No Before Rest [] No	
End of Rotation Position	x	m	End of Rotation	x	. m
1 03111011	Υ	m	cosition	Υ	
	PSI	0		PSI	· °
Curved Path	[] No [] Yes	Curved Path	l I No	[] Yes
Point on Path			Point on Path	•	Secretary and the second secon
×	_ m Y	· m	V/	m Y	m
	None [CW [I CCW	Rotation Direction	[] None [] CW	(i)ccw
Rotation >360°	[] No [] Yes		2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	[] No [] Yes	

BEST AVAILABLE

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION		TRAJECTORY INFORMATION Trajectory Data 1 1 No. 1 1 Yes 1 1		
Coefficient of Friction		If No. Go To Damage Information		
Rolling Resistance Option		Vehicle 1 Steer Angle	•	
Vehicle 1 Rolling F	Resistance		LF	
_	RF		LR	
<u> </u>			Vehicle 2 Steer Angle	es
Vehicle 2 Rolling f	Resistance		LF	
LF .	RF	•	LR	• RR •
	RR			
			Terrain Boundary [] No [] Yes
			First Point	•
			x m	Y m
			Second Point	
			X	Y m
* .			Secondary Coefficien	t of Friction
	D	AMAGE IN	FORMATION	
V	EHICLE 1		V	EHICLE 2
Damage Length	L	cm	Damage Length	L <u>185</u> cm
Crush Depths	C,	cm	Crush Depths	c, <u>D 1 7</u> cm
Crash Dopting	C ₂			C ₂ 0 1 9 cm
		cm		C ₃ <u>0 1 9</u> cm
	C			C ₄ 0 1 9 cm
		cm	ene e	C, <u>O</u> <u>2</u> 9 cm
	С _е	cm		C ₆ <u>0 2 2</u> cm
Damage Offset	D +	cm	Damage Offset	D ± 0 0 0 cm
Damage Chicat	-			<u> </u>
IF THIS COMMON IN	IPACT WAS WITH A I	MOTOR VEHICLE	NOT IN TRANSPORT, FIL	L IN THE INFORMATION BELOW.
Model Year:			The Weight, CDC, Scer	ne Data and Damage Information
Make:			for this vehicle should	be recorded above.
Model:				
Wioder.				
V	· · · · · · · · · · · · · · · · · · ·			

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU Case 95-16, Task 9525

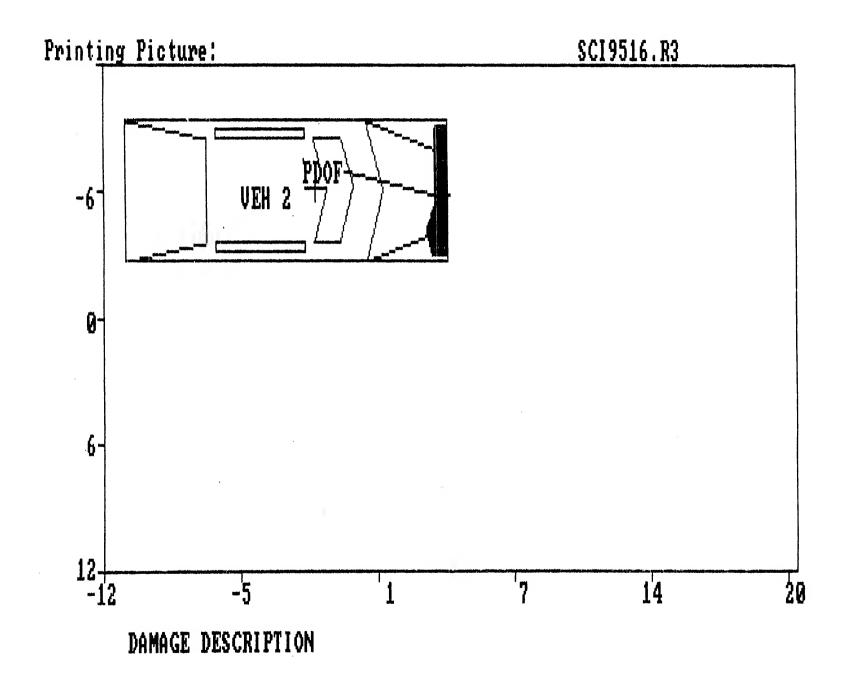
	SPEED CHANGE
	(DAMAGE)
VEHICLE #1	•
TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)
VEHICLE #2	
TOTAL	19 KPH (12 MPH)
LONGITUDINAL	-19 KPH (-12 MPH)
LATITUDINAL	3 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	7
STIFFNESS CATEGORY VEHICLE WEIGHT	0 ***** KGS (2204586 LBS) *	4602 KGS (10146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE CRUSH LENGTH	0 DEGREES * 0 CM. (0 IN.) *	-10 DEGREES 185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2 C3	0 CM. (0 IN.) * 0 CM. (0 IN.) *	19 CM. (7 IN.) 19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5 C6	0 CM. (0 IN.) * 0 CM. (0 IN.) *	29 CM. (11 IN.) 22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)
		(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.) 127 CM. (50 IN.)	123 CM. (49 IN.) 174 CM. (69 IN.)
TRACK CG TO FRONT OF VEH CG TO REAR OF VEH	127 CM. (50 IN.) 127 CM. (50 IN.)	172 CM. (68 IN.) 192 CM. (76 IN.)
CG TO SIDE OF VEH MOMENT OF INERTIA	-127 CM. (-50 IN.) 127 CM. (50 IN.) ***** KGS (***** LBS)	-272 CM. (-107 IN.) 100 CM. (40 IN.) 44429 KGS (97947 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	12 KGS (26 LBS)



Appendix C:

NASS CDS ACCIDENT FORM



U.S. Department of Transportation

National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

10

2. Case Number - Stratum

9	5	 6
		 _

IDENTIFICATION

- 3. Number of General Vehicle Forms Submitted
- 02

4. Date of Accident (Month, Day, Year)

9 5

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400 Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check () each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___ SS15 Administrative Use

0

- 7. SS16 Pedestrian Crash Data Study
 (Data for this special study available
- 8. In a separate file.)
 8. SS17 Impact Fires

0

9. SS18 Unsafe Driver Actions

0

10. SS19

NUMBER OF EVENTS.

11. Number of Recorded Events in This Accident

03

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. <u>O</u>	14. <u>50</u>	15. <u>R</u>	16. <u>O</u> <u>2</u>	17. <u>28</u>	18. <u>F</u>
19. 0 2	20. <u>0</u> 2	21. <u>28</u>	22. <u>N</u>	23. <u>3</u> <u>3</u>	24	25. <u>/</u>
26. <u>0</u> <u>3</u>	27. <u>O /</u>	28. <u>50</u>	29. <u>R</u>	30. <u>O</u> <u>2</u>	31. <u>2</u> 8	32. <u>L</u>
33. 0 4	34/	35. <u>5 0</u>	36. <u>L</u>	37. <u>5</u> <u>2</u>	38. <u>O</u> <u>O</u>	39. <u></u>
40. 0 5	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE						
(02) Compa (03) Interm (04) Full siz (05) Larges (09) Unknot (14) Comp (15) Large (16) Utility (19) Unknot (20) Miniva (21) Large (24) Van B (28) Other (29) Unknot	mpact/mini act (wheelba nediate (whe ze (wheelbas st (wheelbas sown passeng act utility ve utility vehic station wag own utility to an (\$\leq\$ 4,500 van (\$\leq\$ 4,500 van type (\$\leq\$ own van type	(wheelbase < 254 cm) ase ≥ 254 but < 265 cm) selbase ≥ 265 but < 278 cm) se ≥ 278 but < 291 cm) se ≥ 291 cm) ger car size shicle le (≤ 4,500 kgs GVWR) gon (≤ 4,500 kgs GVWR)		(38) O (39) U (45) O (48) U (50) S (58) O (59) U (60) T (67) T (68) T (78) U (79) U (80) N	ther light truck (≤ 4,5 nknown light truck typ nknown light vehicle t	4,500 kgs GVWR) type (≤ 4,500 kgs GVWR) 500 kgs GVWR) pe (≤ 4,500 kgs GVWR) type an based)(> 4,500 kgs GVWR) vWR) v truck type
		CODES FOR GENE	DAL A	AREA OF I	DAMAGE (GAD)	
CDS APPL AND OTHE VEHICLES	ER	(O) Not a motor vehicle (F) Front (O) Not a motor vehicle	(R) (L) (B)	Right side Left side Back Left side	MAGE (GAD)	(T) Top (U) Undercarriage (9) Unknown (C) Rear of cab
APPLICAB VEHICLES		(N) Noncollision (F) Front (R) Right side	(D)	(rear of tra Back (rear		(U) Undercarriage (9) Unknown
Noncollision (31) 0 (32) R (33) F (34) J (35) 0	Overturn — r Rollover — el Fire or explos Jackknife Other intraun	collover (excludes end-over-end) nd-over-end sion nit damage (specify):		(57) (58) (59) (60) (61) (62) (63)	Fence Wall Building Ditch or culvert Ground Fire hydrant Curb Bridge Other fixed object (s	
(38) C	Noncollision	lision (specify): — details unknown		Collisio	Unknown fixed objection with Nonfixed Objection Passenger car, light not in-transport	
(41) T (42) T (43) S (44) E	Free (> 10 e Shrubbery of Embankment	cm in diameter) cm in diameter) r bush		(72) (73) (74)	Medium/heavy truck Pedestrian Cyclist or cycle Other nonmotorist of	or bus not in-transport
Nonbreak (50) F (51) F (52) F	caway Pole Pole or post Pole or post Pole or post		meter)	(76 (77 (78 (79	 Vehicle occupant Animal Train Trailer, disconnecte Object fell from veh Other nonfixed obje 	nicle in-transport
(55) I	Concrete tra Impact atter Other traffic			•-	Unknown nonfixed Other event (specification)	-
	(specify):			(99	Unknown event or	object

Appendix D:

NASS CDS VEHICLE FORMS: CASE VEHICLE



U.S. Department of Transportation

National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 2. Case Number - Stratum 3. Vehicle Number	12. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kmph (999) Unknown
VEHICLE IDENTIFICATION	$\frac{45}{5}$ mph x 1.6093 = $\frac{7}{2}$ kmph
4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify):	13. Police Reported Alcohol Presence For Driver (0) No alcohol present (1) Yes alcohol present (7) Not reported (8) No driver present
Chevrolet	(9) Unknown
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown 6. Vehicle Model (specify): LEOO Series Bus chassis + Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown	14. Alcohol Test Result For Driver Code actual value (decimal implied before first digit — 0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source:
7. Body Type <u>5</u> 0	15. Police Reported Other Drug Presence For
Note: Applicable codes may be found on the back of this page.	Driver
8. Vehicle Identification Number	(0) No other drug(s) present (1) Yes other drug(s) present (7) Not reported (8) No driver present
1GBJ6P1B7GV	(9) Unknown
Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines 9. Vehicle Special Use (This Trip)	16. Other Drug Specimen Test Result For Driver (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify):
(0) No special use (1) Taxi "	(3) Specimen test given, results unknown or not
(2) Vehicle used as school bus (3) Vehicle used as other bus	obtained (8) No driver present
(4) Military (5) Police	(9) Unknown if specimen test given
(6) Ambulance	17. Driver's Zip Code
(7) Fire truck or car (8) Other (specify):	(00001)Driver not a resident of U.S. or territories
(9) Unknown	Code actual 5-digit zip code (99998)No driver present
OFFICIAL RECORDS	(99999)Unknown
10. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	18. Driver's Race/Ethnic Origin (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic)
11. Police Reported Travel Speed Code to the nearest kmph (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown	 (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify):
mph X 1.6093 = kmph	(8) No driver present (9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban Impusine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify) 17 "
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van. or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)</p>
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

	PRECRASH ENVIRONMENTAL DATA			
-		25	. Roadway Surface Condition	上
19.	Relation To Interchange Or Junction		(1) Dry	
	(0) Non-interchange area and non-junction	1	(2) Wet	
1	(1) Interchange area related		(3) Snow or slush	
	(1) morenange area related		(4) Ice	
	Non-Interchange junctions		(5) Sand, dirt, or oil	
	(2) Intersection related		(8) Other (specify):	
	(3) Driveway, alley access related		(9) Unknown-	
	(4) Other junction (specify)			
1	(4) Other junction (aposity)	26	. Light Conditions	- 1
	(5) Unknown type of junction	120	-	
	(o) Chancul type of Junetion	1	(1) Daylight (2) Dark	
]	(9) Unknown		(3) Dark, but lighted	
	(O) CHAILOWN		(4) Dawn	
1			(5) Dusk	
20.	Trafficway Flow		(9) Unknown	
-0.	(0) Not physically divided (two way traffic)		(5) CHRIIOWII	
	(1) Divided trafficway-median strip without			
	positive barrier	27	. Atmospheric Conditions	\bigcirc
	(2) Divided trafficway-median strip with positive	12'	(0) No adverse atmospheric-related driving	$\underline{\underline{\smile}}$
	barrier	1	conditions	
1	(3) One way traffic		(1) Rain	
l	(9) Unknown		(2) Sleet/hail	
1	(6)		(3) Snow	
l	\mathcal{L}		(4) Fog	
21.	Number Of Travel Lanes	1	(5) Rain and fog	
1	(1) One	·	(6) Sleet and fog	
	(2) Two		(7) Other (e.g., smog, smoke, blowing sand	O.
İ	(3) Three		dust, etc.) (specify):	01
1	(4) Four	-	dust, etc., (specify).	
l	(5) Five	1	(9) Unknown	
ł	(6) Six		(5) 5	
	(7) Seven or more	28	3. Traffic Control Device	2
1	(9) Unknown		(0) No traffic control(s)	2
	1		(1) Traffic control signal (not RR crossing)	
22.	Roadway Alignment		, , , , , , , , , , , , , , , , , , , ,	
	(1) Straight		Regulatory	
1	(2) Curve right		(2) Stop sign	
	(3) Curve left	1	(3) Yield sign	
	(9) Unknown		(4) School zone sign	
			(5) Other regulatory sign (specify):	
20	Pandunau Brafila	İ		
23.	Roadway Profile	.	(6) Warning sign (not RR crossing)	
	(1) Level		(7) Unknown sign	
	(2) Uphill grade (>2%)		(8) Miscellaneous/other controls including RF	3
1	(3) Hill crest		controls (specify):	
1	(4) Downhill grade (>2%)			
	(5) Sag		(9) Unknown	
1	(9) Unknown	-		
	^			0
24.	Roadway Surface Type 2	29	9. Traffic Control Device Functioning	$\underline{\alpha}$
1	(1) Concrete		(0) No traffic control device	
1	(2) Bituminous (asphalt)		(1) Traffic control device not functioning	
	(3) Brick or block	1	(specify):	
	(4) Slag, gravel, or stone	- [(2) Traffic control device functioning proper	ly
1	(5) Dirt		(9) Unknown	
	(8) Other (specify):			
1	(9) Unknown			

	PRECRASH DRIVER RELATED DATA	This Vehicle Traveling
20	Driver's Distraction/Inattention To Driving 02	(10) Over the lane line on left side of travel lane (11) Over the lane line on right side of travel lane
30.	(Prior To Recognition Of Critical Event)	(12) Off the edge of the road on the left side
	(00) No driver present	(13) Off the edge of the road on the right side
	(01) Attentive or not distracted	(14) End departure
	(02) Looked but did not see	(15) Turning left at intersection
	Distractions	(16) Turning right at intersection (17) Crossing over (passing through) intersection
	(03) By other occupant(s), (specify):	(18) This vehicle decelerating
		(19) Unknown travel direction
	(04) By moving object in vehicle (specify):	
	(05) While talking or listening to cellular phone	Other Motor Vehicle In Lane
	(specify location and type of phone):	(50) Other vehicle stopped (51) Traveling in same direction with lower steady
	(06) While dialing cellular phone (specify location and type of phone):	speed (52) Traveling in same direction while decelerating (53) Traveling in same direction with higher speed
		(54) Traveling in opposite direction
	(07) While adjusting climate controls (08) While adjusting radio, cassette, CD (specify):	(55) In crossover
	(OB) While adjusting radio, cassette, CD (specify).	(56) Backing (59) Unknown travel direction of other motor
	(09) While using other device/object in vehicle (specify):	vehicle in lane
	(10) Sleepy or fell asleep	Other Motor Vehicle Encroaching Into Lane
	(11) Distracted by outside person, object, or event (specify):	(60) From adjacent lane (same direction)—over left lane line
	(12) Eating or drinking (13) Smoking related	(61) From adjacent lane (same direction)—over right
	(97) Distracted/inattentive, details unknown	lane line (62) From opposite direction—over left lane line
	(98) Other, distraction (specify):	(63) From opposite direction—over right lane line
		(64) From parking lane
	(99) Unknown	(65) From crossing street, turning into same
31.	Pre-Event Movement (Prior to	direction (66) From crossing street, across path
	Recognition of Critical Event) (00) No driver present	(67) From crossing street, turning into opposite
	(01) Going straight	direction
	(02) Decelerating in traffic lane	(68) From crossing street, intended path not known
	(03) Accelerating in traffic lane	(70) From driveway, turning into same direction
	(04) Starting in traffic lane	(71) From driveway, across path(72) From driveway, turning into opposite direction
	(05) Stopped in traffic lane (06) Passing or overtaking another vehicle	(73) From driveway, intended path not known
	(07) Disabled or parked in travel lane	(74) From entrance to limited access highway
	(08) Leaving a parking position	(78) Encroachment by other vehicle—details
	(09) Entering a parking position	unknown
	(10) Turning right	Redectrion Redelevaliet or Other Nappeteriet
	(11) Turning left	Pedestrian, Pedalcyclist, or Other Nonmotorist (80) Pedestrian in roadway
	(12) Making a U-turn (13) Backing up (other than for parking position)	(81) Pedestrian approaching roadway
	(14) Negotiating a curve	(82) Pedestrian—unknown location
	(15) Changing lanes	(83) Pedalcyclist or other nonmotorist in roadway
	(16) Merging	(specify):
	(17) Successful avoidance maneuver to a previous critical event	(84) Pedalcyclist or other nonmotorist approaching roadway, (specify):
	(97) Other (specify):	(85) Pedalcyclist or other nonmotorist—unknown
	(99) Unknown	location (specify):
	17	Object or Animal
32.	Critical Precrash Event	(87) Animal in roadway
	This Vehicle Loss of Control Due To:	(88) Animal approaching roadway
	(O1) Blow out or flat tire	(89) Animal—unknown location (90) Object in roadway
	(02) Stalled engine (03) Disabling vehicle failure (e.g., wheel fell off)	(91) Object in roadway (91) Object approaching roadway
	(specify):	(92) Object—unknown location
	(04) Non-disabling vehicle problem (e.g., hood flew	(98) Other critical precrash event (specify):
	up) (specify):	(00)
	(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify):	(99) Unknown
	(06) Traveling too fast for conditions	
	(08) Other cause of control loss (specify):	
	(09) Unknown cause of control loss	

22	Attempted Avoidance Maneuver/	35. Pre-Impact Location
33 .	(00) No driver present	(0) No driver present
	(01) No avoidance maneuver	(1) Stayed in original travel lane
	12.7	(2) Stayed on roadway but left original travel
	(02) Braking (no lockup)	lane
	(O3) Braking (lockup)	(3) Stayed on roadway, not known if left original
	(04) Braking (lockup unknown)	travel lane
	(05) Releasing brakes	
	(06) Steering left	(4) Departed roadway
	(07) Steering right	(5) Remained off roadway
	(08) Braking and steering left	(6) Returned to roadway
	(09) Braking and steering right	(7) Entered roadway
	(10) Accelerating	(9) Unknown
	(11) Accelerating and steering left	
	(12) Accelerating and steering right	
	(98) Other action (specify):	36. Accident Type
	(36) Other action (specify).	(Note: Applicable codes on back of this
	(99) Unknown	page)
	(99) Unknown	(00) No impact
		Code the number of the diagram that best
	1	describes the accident circumstance
34.	Pre-Impact Stability	
	(0) No driver present	(98) Other accident type (specify):
	(1) Tracking	(00)
	(2) Skidding longitudinally—rotation less than 30	(99) Unknown
	degrees	
	(3) Skidding laterally—clockwise rotation	
	(4) Skidding laterally—counterclockwise rotation	
	(7) Other vehicle loss-of-control (specify):	
	(9) Precrash stability unknown	
	STOP HERE IF GV07 D	OOES NOT EQUAL 01 - 49

koci	4lion	ACCIDENT TYPES (Included		
	A Right Roadside	DRIVE OFF CONTROL AVOID	COLLISION SPEC	05 CIPICS SPECIFICS SER UNKNOWN
Single Driver	Departure B Left	ROAD TRACTION LOSS WITH	OR :	10
Single	Roadside Departure		COLLISION SPE VEH., PED. ANIM. OTH	CIPICS SPECIFICS HER UNKNOWN
-	C Forward	11 12 13	15	. 16
)mpact	PARKED VEH. STA. OBJECT PEDESTRIAN/ ANIMAL	END SPE DEPARTURE OTH	CIFICS SPECIFICS IER UNKNOWN
1	D Kear-End	20 21 24 23 28 27 DECEN	23 23	CH • 32) (EACH • 3
Trafficway Direction		STOPPEO SLOWER DECE: 21. 22. 23 28. 28. 27 28. 30.		G171GG
Sank Tral	E Forward Impail	CONTROL AVOID COLLISH	ON AVOID COLLISION	SPECIFICS SPECIFIC OTHER UNKNOWN
=	F	TRACTION LOSS TRACTION LOSS WITH VEH.	WITH OBJECT (EACH • 48)	(EACH · 49)
	Sideswipe Angle	46 46	SPECIFICS OTHER	SPECIFICE UNKNOWN
(i	G Head-On	SO SI (EACH - EZ) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN	
Saine Trafficway Oppiesie Diection	H Forward Impact	CONTROL/ TRACTION LOSS SS FT ST	AVOID COLLISION WITH OBJECT	(EACH • 62)(EACH SPECIFICS SPECIFIC OTHER UNKNOWN
\$ E	l Sideswipe Angle	64 (EACH + 66) SPECIFICS LATERAL MOVE OTHER	(EACH • 67) SPECIFICS UNKNOWN	
, ,	J Turn	n n n	ン	(EACH • 74) (EACH •
Traffic	Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS		SPECIFICS SPECIFIC OTHER UNKNOW
Change Vehicle	K Turn Into Path	7 7 7	- B-	(EACH = 84) (EACH SPECIFICS SPECIFIC
2	7501	TURN INTO SAME DIRECTION TURN INTO OF	POSITE DIRECTIONS	OTHER UNKNO
V Intersect ing Paths (Vehicle Damage)	L. Straight Paths	57 SS SS SS	(EACH • 90) SPECIPICS OTHER	(EACH + 91) SPECIFICS UNKNOWN
Miscel	M Backing Eic	S2 S3 OTHER VEH. OR OBJECT BACKING VEH.	St Other Accident Unknown Accid No Impect	

OCCUPANT RELATED	44. Vehicle Cargo Weight
37. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown
38. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle	Source:ROLLOVER DATA
(97) 97 or more (99) Unknown	45. Rollover
39. Number of Occupant Forms Submitted	(00) No rollover (no overturning)
AIR BAG RELATED	Rollover (primarily about the longitudinal axis) (01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns
40. Is this an AOPS Vehicle? (0) No (includes unknown) (1) Yes - researcher determined (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic	(specify): (98) Rolloverend-over-end (i.e., primarily about the lateral axis) (99) Rollover (overturn), details unknown 46. Rollover Initiation Type
(passive) belts	(00) No rollover (01) Trip-over (02) Flip-over (03) Turn-over (04) Climb-over
Single Air Bag Vehicle (2) Driver air bag deployed (3) Driver air bag, unknown if deployed	(05) Fall-over (06) Bounce-over (07) Collision with another vehicle (08) Other rollover initiation type specify):
Multiple Air Bag Vehicle (4) Driver side only deployed (5) Passenger side only deployed (6) Driver and passenger side deployed (7) Driver and passenger side unknown if	(98) Rolloverend-over-end (99) Unknown rollover initiation type 47. Location of Rollover Initiation
deployed (8) Air bag(s) deployed, details unknown (9) Unknown	(0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—uppraved
42. Air Bag(s) Deployment, Other Than First Seat Frontal (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of	(4) On roadside or divided trafficway median (8) Rolloverend-over-end (9) Unknown
impact) (2) Deployed inadvertently just prior to accide (3) Deployed, details unknown	
(4) Deployed as a result of a noncollision even during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed	49. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires
(7) Nondeployed (9) Unknown	(2) Side plane (3) End plane
Specify type of "other" air bag present:	(4) Undercarriage (5) Other location on vehicle (specify):
	(6) Non-contact rollover forces (specify):
VEHICLE WEIGHT ITEMS	(8) Rollover-end-over-end (9) Unknown
6,342 — Code weight to nearest 10 kilograms.	50. Direction of Initial Roll (0) No rollover (1) Roll right - primarily about the longitudinal axis
(045) Less than 450 kilograms (610) 6,100 kilograms or more (999) Unknown 	(2) Roll left - primarily about the longitudinal axis
Source:	(3) Olkhown foli direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)	ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V
51. Front Override/Underride (this Vehicle)	2 1
52. Rear Överride/Underride (this Vehicle) (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride	58. Basis for Total (Resultant) Delta V (highest) (00) No vehicle inspection
Override (see specific CDC) (Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):	Delta V Calculated (01) Reconstruction program -damage only routine (02) Reconstruction program -damage and trajectory routine (03) Missing vehicle algorithm
Underride (see specific CDC) (Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):	Delta V Not Calculated (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(7) Medium/heavy truck or bus override (of any configuration) (9) Unknown HEADING ANGLE AT IMPACT FOR	All vehicles within scope (CDC applicable) of reconstuction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable
HIGHEST DELTA V	reconstruction technique, regardless of adequacy
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	of damage data. (05) Rollover (06) Other non-horizontal forces (07) Sideswipe type damage
53. Heading Angle For This Vehicle O 9	(08) Severe override
54. Heading Angle For Other Vehicle OOO	(09) Yielding object (10) Overlapping damage
RECONSTRUCTION DATA	(11) All vehicle and collision conditions are within
55.Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
56. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	(98) Other, (specify):
57. Post Collision Condition of Tree or Pole (For Highest Delta V) (O) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):	

	COMPUTER GENERAT	ED CRASH SEVERITY
59.	Total Delta V <u>999</u>	Highest 63. Impact Speed 998
	Nearest kmph (highest) Nearest kmph (secondary) (NOTE: 000 means less than 0.5 kmph)	Nearest kmph (highest) Nearest kmph (secondary)
	(160)159.5 kmph and above (999)Unknown Highest	(NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (998) Trajectory algorithm not run (999) Unknown
60.	Longitudinal Component of + 9 9 9 Nearest kmph (highest)	DELTA V CONFIDENCE LEVEL
	Nearest kmph (secondary) (NOTE:000 means greater than	64. Confidence In Reconstruction Program Results (For Highest Delta V) (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
61.	Lateral Component of Delta V + 9 9 9	OTHER SPEED ESTIMATE
	Nearest kmph (highest) Nearest kmph (secondary) (NOTE:000 means greater than -0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (_999) Unknown	Highest 65. Barrier Equivalent Speed Nearest kmph (highest) Nearest kmph (secondary) (NOTE: 000 means less than 0.5 kmph)
62.	Energy Absorption Nearest 100 joules (highest) Nearest 100 joules (secondary) (NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown	(160) 159.5 kmph and above (999) Unknown
	IS MISSING VEHICLE ALGORITHM APPLICATION IF YES: IS A COMPLETED PROGRAM S	

VEHICLE INSPECTION ESTIMATED DELTA V 67. Type of Vehicle Inspection 66. Estimated Highest Delta V (Researcher (0) No inspection Determined) (1) Vehicle fully repaired-no damage evident (0) Reconstruction Delta V coded (2) Partial inspection (specify): (3) Complete inspection Estimated Delta V (1) Less than 10 kmph Not CDS vehicle (2) \geq 10 kmph but < 25 kmph (3) \geq 25 kmph but < 40 kmph (4) \geq 40 kmph but < 55 kmph (5) \geq 55 kmph Other estimates of damage severity (6) Minor (7) Moderate (8) Severe (9) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

> *** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *** THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



J.S. Department of Transtational Highway Traffic		EX.	TERIOR	VEHIC	TIONAL ACCIDENT SAMPLING SYSTE CRASHWORTHINESS DATA SYSTE						
Primary Samp Case Number		^	95/6 3. Vehicle Number							0	_
		V	/EHICLE I	DENTI	CAT	ON					
vin 168	J6 F) I B	76	V .					Model Y	ear <u>8</u>	5
Vehicle Make (spe					Vehicle	Mpdel (s	pecify):	600 vebi	00	\mathcal{B}	us_
			LC	CATO							
Locate the end of or an undamaged			t to the veh	icle long	itudina	center	line or b	umper o	corner fo	or end in	npacts
Specific Impact No.	Location of	Direct Damag)e		Location	of Field		i	ocation o	f Max Cru	ısh
	24 cm to	Rune D of	22 All	e - b	ACK						
04	3cm for		RBC								
		CRUS	SH PROFI	LE IN C	ENTI	ЛЕТЕR	S				
impacts. Free spa the indiv side tape	C1 to C6 from the ce value is desired to the central C location, etc. Reconstruction of the central control of the central control of the central control of the central centr	efined as th ions. This r rd the value	ne distance may include e for each (betweer the foll C-measu	n the ba lowing: rement	seline a bumper and ma	ind the o lead, b ximum	original l umper ta	body co	ntour ta	ken at usion,
Specific Plane	of Impact	Direct D		Field	_						
	surements	Width (CDC)	Max Crush	L	C,	C ₂	С,	C.	C ₅	C.	±D
01 (B)	shee!	346	18cm	356							
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ORIGINAL SPECIFICATIONS WORK SHEET

254. inches x 2.54 = 645 cm Wheelbase 404. inches x 2.54 = 1026 cm Overall Length $\underline{90.125} \text{ inches } \times 2.54 = \underline{329} \text{ cm}$ Maximum Width -6,342 pounds x 0.4536 = 2,877 kg inches x = 2.54**Average Track** 31.25 inches x 2.54 **Front Overhang** inches x 2.54 Rear Overhang inches x = 2.54Undeformed End Width ______. <u>6.0</u> L x 0.001 =Engine Size: cyl/displ. 6.0 & V8 x 0.0164 =L CID

chassis-Cowl weight

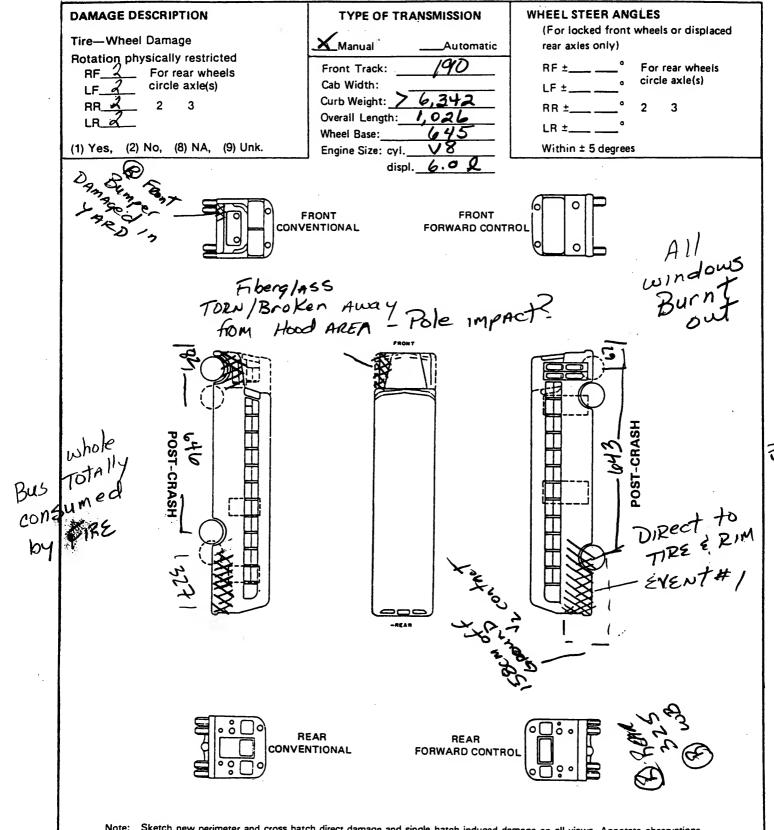
Special Crash In	WESTIGATION ADDENDUM					
Submodel Designation: {specify} Co	olor: {specify} YellowRepair Cost: \$					
Transmission: {circle} Automatic Manual	Speed: 3-speed 4-speed 5-speed Other:					
Steering: {circle} Power-assisted Manual	Type: rack-and-pinion worm-and-gear Other					
(please describe): Hydrawlic						
Brakes: {circle} Power-assisted Manual	Type: 4-wheel disc 4-wheel drum (4-wheel hydraulic) front disc, rear drum) Other:					
Observed Defects: {apecify}						
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other {please describe}:						

UIN



NATIONAL ACCIDENT SAMPLING SYSTEM—CONTINUOUS SAMPLING SUBSYSTEM VEHICLE

Page 6N



Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torcning, prying or hydraulic shears.

Annotate any tires which are deflated due to damage on the vehicle sketch.

If the vehicle contacted a pédestrian, complete page 6R

1981-1990

Vehicle identification Number and Registration Data

1	1	1	1 .	1	1	1	1	1	1	GENE	RAL MOTORS (CHEVROLET - GMC)
1	2	3	4	5	8	7	•		0	VEHICL	E IDENTIFICATION NUMBER (Cont'd.)
										,-,	COND SECTION — VEHICLE ATTRIBUTES Model Code - Line, Series, Body (Cont'd)
*	*	*	*	*	*	*	*	*	*	G16	- TG1106/TG11306 4x2 "Relly" "Relly STX" "Sportven" "Beeuville" Compact Bus
×	*	*	*	*	*	*	*	*	*	G25	= TG21005/TG21305 4x2 "Vandura" "Chevy Ven" Compact Van - Also "Gaucho" "Nomed"
Ŕ	*	*	*	*	*	*	*	, *	*	G26	- TG21008/TG23106 4x2 "Relly" "Relly STX" "Sportven" "Beauville" Compact Bus
-	_	_	-	-	-	*	*	*	*	G30	= 4x2 "Chevy Van" "Sport Van" "Vandura" "Refly"
×	×	×	*	*	Ħ	*	*	*	Ħ	*G31	- TG31303/TG31803 4x2 "HI Cube" "Magnavan" Compact Step Van
*	*	*	*	*	*.	*	*	*	*	*G31	= TG313321/TG31832/TG31803/TG31803 4x2 "Refly Camper Special" "RV Cutaway Ven" "Vandurs Special" "Commercial Cutaway Van" Front End Compact Section
k	*	*	*	*	*	*	*	*	*	G35	- TG31305 4x2 "Vandura" "Chevy Van" Compact Va
×	*	*	*	*	*	*	*	*	*	G36	- TG31306 4x2 "Relly" "Relly STX" "Sportvan" "Beauville" Compact Bus
*	*	*	*	*	*	*	*	*	*	*K14	 TK10703/TK10903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
* *	*	*	*	*	*	_	_	_	_	K19 K19	- TK10906 4x4 "Suburban" Conventional Wagon - TK10518 4x4 "Jimmy" "Blazer" Conventional Utilit
k	÷	Ť.	¥	*	Â.	_	_	_	_	°K24	- TK20903 4x4 Conv. Che & Cab
*	*	*	*	*	*	-	*	*	*	*K24	 TK20903 4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
*	*	*	*	*	*	-		-	_	K26	= TK20906 4x4 "Suburban" Conventional Wagon
*	*	*	*	*	*	_	_	_	Ξ	°K33 °K33	- TK20903 4x4 Conv. Crew Ceb & Chs - TK20903 4x4 "Wideside" "Fleetside" Conv. Crew
^ *	*	*	*	*	*		*	*	*	*K34	Cab Pickup = TK30903/TK31003/TK31403 4x4 Conv. Chs & Cab
											- Also Bonus Cab
*	*	*	*	*	*	_	*	*	*	*K34	 TK30903 4x4 "Wideside" "Fleetside" Conv. Pickuj Also Bonus Ceb
*	*	_	_	_	_	-	_	-	-	*L14	- CL10503 4x2 "Luv" Import Mini-Pickup
*	*	_	_	*	*	*	*	+	*	"L14 M15	= CL10503 4x2 "Luv" import Che & Cab = TM10805 Mini-Van "Astro", "Seferi" (Cargo)
_	_	_	_	÷	Â	Â	÷	*	*		- TM10906 Mini-Van "Astro", "Safari" (Passenger)
*	*	*	*	*	*	*	*	*	*	*P22	= TP20842/TP31042 4x2 "Forward Control" Stripped Chassis
*	*	*	*	*	*	*	*	*	*	*P22	- TP20842/TP21042 4x2 "Value Van" Steel or Alum, Step Van
*	*	*	*	*	*	*	*	*	*	*P32	- TP30842/TP31042/TP31442 4x2 "Forward Control" Stripped Chassis
*	*	*	*	*	*	*	*	*	*	*P32 P37	- TP30842/TP31042/TP31442 4x2 "Value Van" Steel or Alum, Step Van - TP30832/TP31132/TP31432/TP31832 4x2 Motor
*		×	×	×	×	×	×	×	*		Home Stripped Chassis
* -	*	_	_	_	_	*	_	_	_	R14	- RL10503 4x4 "Luv" Import Mini-Pickup - 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
_	_	_	_	_	_	*	*	*	*	R19	- 4x2 "Suburban" Conventional Wagon
-	-	-	-	-	-	*	_	_	-	R24	= 4x2 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
-	_	_	_	_	_	-	*	*	*		= 4x2 Conv. Wideside Borus Cab-aiso Crew Cab
-	_	_	_	_	-	*	*	*	*		= 4x2 "Suburben" Conventional Wagon = 4x2 Conv. Crew Cab & Chs. & Borrus Cab & Chs
_	_	_	_	_	_	×	×	×	×	naa	- TAE COIN. CITY COUR CITS. & DUING COUR CITS

Vehicle identification Number and Registration Data

1	1													
•	i	1	1	1	1	1	1	1	1	GEI	NE	RAI M	OTOR	S (CHEVROLET - GMC)
•	i	i	i	i	i	ï		•	•	GLI	VE.	NAL W	OIOn	3 (CHETROLET - GINC)
1	2	3	4	5	8	7	8	8	0	VEHI	ICL	E IDENTI	FICATIO	N NUMBER (Cont'd.)
_	_	_	_	_	_	*	*	_	_			Model Co - 4x2 "V	ide - Lina, /idaside"	EHICLE ATTRIBUTES , Series, Body (Cont'd.) "Fenderside" "Fleetside" mv. Pickup - Also Bonus Csb
-	-	-	_	_	_	_	*	*	*	*R34		- 4x2 Cc	nv. Chs &	Csb - also Bonus Cab
-	*	*	*	*	_	*	*	*	*	*314				3 "S10", "S15" 4x2 Chs & Cab
<u>-</u>	*	* -	*	*	*	*	*	*	*	S14 S16		Wide - TS105	side" 4x2	3 "S10 Fleetside", "S15 ! Compact Pickup "S15" 4x2 "Blazer", "Jimmy" v
_	=	=	*	*	_	*	_	_	-	'T14 T14		- TT1060	3/TT1080	, 3 "S10", "S15" 4x4 Chs & Cab 3 "S10", "S15" 4x4 Wideside
	-	-	*	*	*	*	*	*	*	T18		Com - TT1051	pect Picki	ip "S15" 4x4 "Blazer", "Jimmy"
_	_	_	_	_	_	_	_	_	*	U06			Lumina A	
-	-	-	-	-	_	*	-	-	-	V14		"Ste	pside" Co	"Fenderside" "Fleetside" nv. Pickup
_	-	-	-	_	-	*	*	*	*	V16				Conventional Wagon
_	=	_	_	_	_	*	*	*	*	V18 V24		= 4x4 "J	immy" "Bi Odeolde"	lezer" Conventional Utility "Fenderside" "Fleetside"
_	_	_	_	_	_		_ *	_ *		V24		"Ste	pside" Co	nv. Pickup Conventional Wagon
_	_	_	_	_	_	*	Â	÷.	÷.	V33				Cab & Chs.
_	_	_	_	_	_	*	*	÷.	*	V34				"Fenderside" "Fleetside"
_	_	_	_	_	_	_	_		_	•V34				nv. Pickup - Also Bonus Cab Cab - Also Bonus Cab
_ *	*	•	•	<u>+</u>	<u>+</u>	+	×	<u> </u>	×	W20				cab - Asso somus cas tellero" "El Camino" Seden
									L	Code			figit of this y Duty Tn Series	s position is a number for all Medium acks) Description
-	-	_	_	-	_	*	*	*	*	481	-	W4S042	4500	4x2 67.9" BBC Steel Tilt Chs
*	•	*												& Cab
•	2		*	Ξ	Ξ	_	Ξ	_	_	4T1	-	P4T042	4500	4x2 Forward Control Chassis
* -	* -	*	*	*	<u>*</u>	- ★	_ ★	- *	_ *	4T1 5D1 6A1	:	P4T042 C5D042 W6R042	4500 5000 6000	4x2 Forward Control Chassis 4x2 97½" BBC Conv Chs & Cab 4x2 72.5" BBC Steel Tilt Chs
* - *	-	* *		* *	<u>*</u> +	_** *	_** *		*	501 6A1 9D1	-	C5D042 W6R042 C6D042	5000 6000 6000	4x2 Forward Control Chessie 4x2 971/1" BBC Conv Che & Ceb 4x2 72.5" BBC Steel Tilt Che & Ceb 4x2 971/1" BBC Conv Che & Ceb
*	- ★ ★	*- **	* - * -	- ★	- ★	*	*	*	*	501 6A1 9D1	:	C5D042 W6R042 C6D042 C6D062	5000 6000 6000 6000	4x2 Forward Control Chassis 4x2 971/1" BBC Conv Chs & Cab 4x2 72.5" BBC Steel Tilt Chs & Cab 4x2 971/1" BBC Conv Chs & Cab 6x2 971/1" BBC Conv Chs & Cab
*- ***-	-	* *	*	<u>+</u> ★	- <u>*</u> +	* *	* * + - *	* * *	* * *	501 6A1 9D1 6D3	:	C5D042 W6R042 C6D042 C6D062 B6P042	5000 6000 6000 6000	4x2 Forward Control Chessie 4x2 97197 BBC Conv Che & Ceb 4x2 72.57 BBC Steel Tift Che & Ceb 4x2 97197 BBC Conv Che & Ceb 6x2 97197 BBC Conv Che & Ceb 4x2 Bys Chessie & Cov
*- ***	_ ***	*- **	* × * *	_ * <u> </u> **	- * * *	* * * *	* * *	* * *	*	501 6A1 9D1 5D3 6F1	:	C50042 W6R042 C6D042 C8D062 B6P042 P6T042	5000 6000 6000 6000 6000 5000	4x2 Forward Control Chassis 4x2 971/1 BBC Conv Cha & Cab 4x2 72.5" BBC Steel Tilt Cha & Cab 4x2 971/1 BBC Conv Cha & Cab 6x2 971/1 BBC Conv Cha & Cab 6x2 871/1 BBC Conv Cha & Cab 4x2 Bus Chassis & Covil 4x2 Forward Control Chassis
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CHEVROLET SERIES B6P042

REAR AXLE: GMC H-150, single reduction, hypoid, rated capacity 15,000 lbs., ratio 7.17, avail, with hydraulic brakes only. Optional: Standard axle with 6.14, or 6.83 ratios; H-175. single speed, 17,500 lb. capacity, 6.14, 6.83, or 7.17 ratios, Eaton 17121, single speed. 19,000 lb. capacity, 6.57, or 7.17 ratios; Eaton 22121, single speed, 20,000 lb. capacity, 6.50 or 7.17 ratios, requires air brakes; T-150, 2-speed, 15,000 lb. capacity, ratios 6.29/8.74, requires hyd. brakes; T-175, 2-speed, 17,500 lb. capacity, 6.57/9.13 ratio; Eaton 17221, 2-speed, 19,000 lb. capacity, 6.57/8.94 ratio, requires 6.0L eng. w/NP542L or CL455 trans.; Eaton 22221, 2-speed, 20,000 lb. capacity, 6.50/8.86 ratio, requires air brakes.

SERVICE BRAKES: Dual Hydraulic power, split system, 12.9" dia. single diaphragm vacuum booster and single hydraulic booster. 1,000 cu. in. vacuum reserve tank; 14-3/4 x 1-5/16 disc front, 77.6 sq. in. area; 15 x 5 drum rear, 303.0 sq. in. lining area. Optional w/hyd. brakes - w/9,000 lb. front axle - 15-3/8 x 1-1/2 hyd. disc front. w/17,500 lb. rear axle, 15-5/8 x 1-1/2 hyd, disc rear brakes; w/19,000 lb. or above rear axles -15-3/8 x 1-1/2 hyd. disc rear brakes. Optional Dual air system: includes - dash dash mounted application valve, one 2551 cu.in. two-compartment wet/dry and one 1535 cu.in. dry air tanks, rear dust shields; requires 7.25, 12, or 13 cu. ft. air compressor (Air brakes require 218" wb. minimum & N/A w/15,000 lb. rear axle); 15 x 4 cam front, 245.6 sq. in. lining area; 16.5 x 6 S-cam rear, 418.4 sq. in. lining area. Optional w/air brakes: 16.5 x 7 rear, 440 sq. in. area; quick release limiting valve; air dryer; alcohol evaporator; wheel lock control; moisture ejector.

PARKING BRAKE: 11 x 2 internal expanding on trans., cam lever, 41.8 sq. in. lining area. Optional: w/air brakes - air actuated, spring load.

CLUTCH: w/5.7L & 6.0L engines - Borg & Beck 13" dia. single plate, cerametalix facing, 36 sq.in. frictional area.

COOLING SYSTEM: w/5.7L eng., 21 qt. tube and center radiator, 9-lb. pressure cap, 20" dia. 5-blade fan (34 qt. w/6.0L eng.). DRIVE LINE: Spicer 1410 series prop shaft and universal joints. ELECTRICAL SYSTEM: 12-volt, 540 CCA battery; 108 amp. alternator. FRAME: SAE #1023 hi-tensile steel channel. w/149"& 189" wbs., 9-1/8 x 3-1/4 side rails, 9.38 section modulus. Optional: SAE #950 steel channel, available with 218"-274" wbs. only, 9-1/4 x

 $3-1/16 \times 5/16$ side rails, 11.80 section modulus. FUEL TANK: 30 gallon capacity steel rectangular tank mounted on RH frame rail, includes protective shielding structure. Optional: 60 gallon RH rectangular tank.

CHEVROLET SERIES B6P042

TEERING: Saginaw 710D integral hydraulic power steering, ratio 24:1. 19" dia. wheel.

USPENSION: Front - Semi-elliptic steel leaf springs, variable rate. Front - 53.75 x 3, 7-leaf, capacity at pad/ground 2,900/ rate. Front - 53.75 x 3, 7-leaf, capacity at pad/ground 2,900/ 3,500 lbs. each. Rear - 54 x 3, 9-leaf, capacity at pad/ground 6,975/7,500 lbs. each. Optional: Front - 7-leaf, 2,650/4,000 lbs. each; 7-leaf, 4,050/4,500 lbs. each. Rear - # w/17.500 or 19.000 lb. rear axles, 9-leaf, 8,220/9,250 lbs. each; w/all axles, 10-leaf, 8,967/10,400 lbs. each; w/20,000 lb. axle, 11-leaf, 10,461/11,500 lbs. each.

RANSMISSION: SM-465, 4-speed manual, synchromesh, ratios 6.55, 3.58, 1.70, 1.00 reverse 6.09, PTO openings both sides. Optional: New Process 542L: Clark CL455: Allison AT-545.

HEELS AND TIRES: 8.25-20E, front and dual rear tube type tires on 20 x 6.5" rims, 10 stud FN disc wheels. Optional tube type tire sizes available on cast spoke or disc wheels.

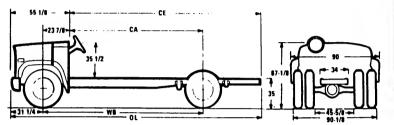
TANDARD EQUIPMENT: 189" wb. School Bus Chassis; Bus application; dry paper element air cleaner; emission control systems; velocity governor; 1-qt. throwaway full flow oil filter; front shock absorbers; front bumper; fuel filter; single horizontal stainless steel exhaust.

PTIONAL EQUIPMENT: Increased capacity electrical and cooling systems; Viscous drive fan; Vernier hand locking throttle; RH side shift control; No-spin rear differential; 1/4" steel channel type bumper; 12 ton hyd. jack; Sheet metal deletion with control island, deletes cowl-hood-fenders & replaces them with a driver control island; spare wheel carrier; front tow hooks; rear shock absorbers; Calif. emission control system; Commercial Cowl Conversion, propshaft & fuel tank guards are deleted (Not intended for School Bus or Transit Bus use).

CHEVROLET SERIES B6P042

GVWR Range: 17,280-29,000 Lbs.

Pupil Capacity 36-72,



ENGINE: Standard: 5.7L 350-4 V8, 163 NHP @ 3800 RPM.
Optional: 6.0L 366-4 V8, 161 NHP @ 3800 RPM.
Calif. Engines: 5.7L 350-4 V8, 161 NHP @ 3800 RPM.
6.0L 366-4 V8, 184 NHP @ 3800 RPM.

MODELS AVAILABLE: School Bus Chassis-Cowl.

CHASSIS-COWL WEIGHTS & DIMENSIONS: (Std. equip., water & oil, less fuel) WB CA CE OL Pupil Cap. Front Rear Total 189 165 268 322.88 3,349 2,523 5,872 48 218 194 295 349.88 54 3,470 2,663 6,133 235 211 323 377.88 3,519 2,745 6,264 254 349 (404) 230 3,563 2,779 6.342 (66)274 250 368 423 3,640 2,796 6,436 125 101 141 196 Avail. w/Commercial Cowl Conv. only 137 113 161 216 Avail. w/Commercial Cowl Conv. only 149* 125 228 282.88 3,209 2,579 5,788 36 *149" wbs. requires hydraulic brakes and 30 gallon fuel tank, 15,000 lb. rear axle, 7,500 lb. front axle, Max. GVWR is 21,000 lbs.

GENERAL SPECIFICATIONS

FRONT AXLE: I-beam, wide track, rated capacity 7,000 lbs. (Avail. w/149" and 189" wbs. only). Optional: Std. axle with 7,500 lb. capacity, N/A w/149"-189" wbs. w/hyd. brakes, or N/A w/std. rear axle w/air brakes; 9,000 lb. cap., req. 4,000 lb. springs, & 218"-274" wbs., or N/A w/std. rear axle w/air brakes.

	CDC WORKSHEET									
		С	ODES FOR	DBJECT CON	TACTED					
(01-30)	- Vehicle Nu	ımber		,) Fence) Waii	• • • • • • • • • • • • • • • • • • • •				
Noncoli	icion			•) Building					
		oilover (excludes	end-over-er	•)) Ditch or	cuivert				
	Rollover—end		6110-0461-01) Ground					
, ,	Fire or explos			•) Fire hydr	ant				
,	Jackknife	1011			3) Curb	O'''				
, , , ,		ie damana /aai/	4.4.) Bridge					
(35)	Other Intraun	it damage (specif	y):			ed object (s	specify):			
	Noncollision i Other noncoll	njury ision (specify):		(69) Unknow	n fixed obje	ct			
(39)	Noncollision -	- details unknow				nfixed Obje				
				(70			truck, van,	or other		
Collisio	n With Fixed C)bject			vehicle r	ot in-transp	ort	_		
(41)	Tree (≤ 10 c	m in diameter)					or bus not	in-transport		
		m in diameter)			2) Pedestria			•		
(43)	Shrubbery or	bush			3) Cyclist o					
.(44)	Embankment			(74	I) Other no	nmotorist o	r-conveyano	e ·		
(45)	Breakaway po	ole or post (any o	liameter)		Vehicle	occupant				
		_			S) Animal					
	akaway Pole o		_		7) Train		4	-		
		≤ 10 cm in dian		(78) Trailer, disconnected in transport						
(51)		$>$ 10 cm but \leq	30 cm in	(79) Object fell from vehicle in-transport (88) Other nonfixed object (specify):						
	diameter)			(88	3) Other no	ontixea obje	ct (specity):			
		> 30 cm in dian		(90) Unknown ponfixed chiest						
(53)	Pole or post (diameter unknov	vn)	(89) Unknown nonfixed object						
,	Concrete traf			(98) Other event (specify):						
	impact attenu		4	404	N 11-1					
(56)	Other traffic (specify):	barrier (includes (guardraii)	(9:	9) Unknow	n event or o	object			
		DEFORMA	TION CLASS	SIFICATION B	Y EVENT N (4)	UMBER (5)				
Accident		(1) (2)			Specific	Specific	(6)			
Event		Direction	incremental	(3)	Longitudinal	Vertical or	Type of	(7)		
Sequence	•	of Force	Value of	Deformation	or Lateral	Lateral	Damage	Deformation		
Number	Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent		
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		COLLISION	DEFORMA	TION CLAS	SIFICATIO	N		
HIGHEST	DELTA "V"							
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent	
4	5	6	7	8	9	10	11	
Second H	Second Highest Delta "V"							
12	13	14	15	16	17	18	19	
		CRUS	H PROFILE	IN CENTIM	ETERS			
	The crush pro in the appr	file for the dar opriate space	nage described below. (ALL N	in the CDC(s)	above should S ARE IN CEN	be documente NTIMETERS.)	ed	
HIGHEST	DELTA "V"						N. M.	
20. L	21. 				C ₅	C ₆	22. 	
Second H	lighest Delta "V	, a						
23. 	24. C ₁	C ₂			C ₅	C ₆	25. 	
							- — — —	
(Code impac (250) (998)	formed End Widted when highest is an end plane Code to the ne 250 centimete No highest set Unknown	severity e impact.) earest centimet ers or more		(650)	al Wheelbase Code to the n centimeter 650 centimet Unknowninches		<u>64.5</u> <u>5 centimeters</u>	
(For t 3 <u>46</u> (250)	t Damage Width highest severity in Code to the no 250 centimete Unknown	impact) earest centimet	<u>346</u>	(185) (999)	al Average Tra Code to the r centimter 185 centimet Unknown	nearest	centimeters	

		FUEL SYSTEM
30. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap 36. Location of Fuel Tank-2 Filler Cap (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle)
31. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown		on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify))	<u>'</u>	(7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown 37. Type of Fuel Tank-1
(Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified		38. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown 39. Location of Fuel Tank-1
FIRE OCCURRENCE	2	40. Location of Fuel Tank-2 O
Yes, fire occurred (1) Minor (2) Major (9) Unknown 34. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify):	_1	(1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): (9) Unknown 41. Damage to Fuel Tank-1 42. Damage to Fuel Tank-2 (0) No fuel tank (1) No damage to fuel tank
(9) Unknown		(2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): (9) Unknown

		T	
43.	Leakage Location of Fuel System-1		his Vehicle Equipped With More Than
44.	Leakage Location of Fuel System-2		No (one or two tanks only)
1	(O) No fuel tank	<u> </u>	
l	(1) No fuel leakage		- More Than Two Tanks
i	11) 100. 100	(1)	Yes - no damage to any tank or filler
	Primary Area Of Leakage	1	cap and no fuel system leakage
l	<u>-</u> ' .	(2)	Yes no damage to any tank or filler
1		`-'	cap but there is fuel system leakage
1	(3) Filler neck		(specify leakage location):
	(4) Cap		Ishacul isavaRe incarious.
	(5) Lines/pump/filter		Ves demand to an additional tank or
1	(6) Vent/emission recovery	(3)	Yes damage to an additional tank or
	(8) Other (specify):	ł	filler cap and there is fuel system leakage
1	(9) Unknown		(specify the following):
l			Type of tank
	- 1		Tank location
45	Fuel Type-1		Filler cap location
٦٠.	• •	1	Tank damage
46	Fuel Type-2	1	Location of leakage
70.	1 Udi 1 y p d - 2		Type of fuel
1	Single Fuel Tune	(0)	Type of fuel Unknown if more than two tanks
	Single Fuel Type	(3)	WINDOW II III III WIND LINE LAND LAND
	(00) No fuel tank		
1	(01) Gasoline		
1	(02) Diesel		COMMENTS
1	(03) CNG (Compressed Natural Gas)		COMMENTS
	(04) LPG (Liquid Petroleum Gas) also	1	
1	known as Propane	l	,
	(05) LNG (Liquid Natural Gas)		
1	(06) Methanol (M100 or M85)		
	(07) Ethanol (E100 or E85)		
1	(08) Other (Hydrogen or others) (specify):		
1	foot amor full and Barrar a amoral takean it.		
1			
1	Electric Powered or Electric/Solar		
1	Powered Vehicles		
1		-	
1	(10) Lead Acid Battery	1	
1	(11) Nickel-Iron Battery	I -	
	(12) Nickel-Cadmium Battery		
	(13) Sodium Metal Chloride Battery	1 —	
	(14) Sodium Sulfur Battery	1	
1	(18) Other (Specify):		
		1	
	(98) Other Hybrid (specify):	_	·
		1	·
		<u> </u>	
	(99) Unknown fuel type		
	••		
1			
		1	
L			
1			
	*** STOP: IF THE CDS APPLICAB	LE VEHI	CLE WAS NOT TOWED ***
1			
	IGV	10 = 0)	
1	(5)	,	
	DO NOT COMPLETE THE	INTERIO	OR VEHICLE FORM.
	DO NOT COMILETE THE		
1			

Appendix E:

NASS CDS VEHICLE FORMS: VEHICLE #2

National Highway Traffic Safety Administration	GENERAL VE	HICLE FORM NATIONAL ACCIDENT SAMPLING S CRASHWORTHINESS DATA S	
 Primary Sampling Unit Number Case Number - Stratum Vehicle Number 	9516	12. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kmph	2
VEHICLE IDENTIFIC		(999) Unknown	
4. Vehicle Model Year Code the last two digits of the (99) Unknown	model year	45 mph x 1.6093 = 72 kmph 13. Police Reported Alcohol Presence For Driver (0) No alcohol present (1) Yes alcohol present (7) Not reported	<u>5</u>
5. Vehicle Make (specify): Applicable codes are found in NASS Data Collection, Coding Editing Manual. (99) Unknown 6. Vehicle Model (specify): Applicable codes are found in NASS Data Collection, Coding Editing Manual. (999) Unknown	470	(8) No driver present (9) Unknown 14. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source:	6
 Body Type Note: Applicable codes may be the back of this page. 	found on 28	15. Police Reported Other Drug Presence For Oriver (0) No other drug(s) present	0
8. Vehicle Identification Number 26 31 6 3 6 7 8 9 10 1 Left justify; Slash zeros and let No VIN—Code all zeros Unkr 9. Vehicle Special Use (This Trip) (0) No special use	1 12 13 14 15 16 17 ter Z (0 and -Z -)	(1) Yes other drug(s) present (7) Not reported (8) No driver present (9) Unknown 16. Other Drug Specimen Test Result For Driver (0) No specimen test given (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify):	<u>o</u>
 (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance 		(3) Specimen test given, results unknown or obtained (8) No driver present (9) Unknown if specimen test given	not
(7) Fire truck or car (8) Other (specify): (9) Unknown OFFICIAL RECO	RDS	(00001)Driver not a resident of U.S. or territori Code actual 5-digit zip code (99998)No driver present	ies
 10. Police Reported Vehicle Dispos (0) Not towed due to vehicle d (1) Towed due to vehicle dama (9) Unknown 11. Police Reported Travel Speed Code to the nearest kmph (NO less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown mph X 1.6093 =k 	amage age	(99999)Unknown 18. Driver's Race/Ethnic Origin (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (7) Other (specify): (8) No driver present (9) Unknown	1

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Royer, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs. GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Çaravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger. Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

	PRECRASH ENVIRONMENTAL DAT	Δ	
	THE CHASH ENVIRONMENTAL DATE		25. Roadway Surface Condition
10	Pelatian Ta Interphence On Jungtion	2	(1) Dry
19.	Relation To Interchange Or Junction	4	(2) Wet
1	(0) Non-interchange area and non-junction		(3) Snow or slush
1	(1) Interchange area related		(4) Ice
1			
Î	Non-Interchange junctions		(5) Sand, dirt, or oil
	(2) Intersection related		(8) Other (specify):
1	(3) Driveway, alley access related		(9) Unknown
	(4) Other junction (specify)		
İ	(i) Other Janesses (epasse),		26 Light Conditions
1	(5) Unknown type of junction		26. Light Conditions
	(5) Chikhowh type of Junetion		(1) Daylight
	(9) Unknown		(2) Dark
ł	(5) UIKIOWII		(3) Dark, but lighted
1			(4) Dawn
	T	\wedge	(5) Dusk
20.	Trafficway Flow		(9) Unknown
	(0) Not physically divided (two way traffic)		
1	(1) Divided trafficway-median strip without		
1	positive barrier		27. Atmospheric Conditions
	(2) Divided trafficway-median strip with pos	itive	(O) No adverse atmospheric-related driving
1	barrier		conditions
1	(3) One way traffic		(1) Rain
ł	(9) Unknown		(2) Sleet/hail
1			(3) Snow
l		1	(4) Fog
21.	Number Of Travel Lanes	4	(5) Rain and fog
1	(1) One		(6) Sleet and fog
	(2) Two		(7) Other (e.g., smog, smoke, blowing sand or
	(3) Three		
	(4) Four		dust, etc.) (specify):
ļ	(5) Five		(0) 11-1
	(6) Six		(9) Unknown
	(7) Seven or more		
	(9) Unknown		28. Traffic Control Device
1			(0) No traffic control(s)
1	¥	1	(1) Traffic control signal (not RR crossing)
22.	Roadway Alignment	_1_	.
	(1) Straight		Regulatory
	(2) Curve right		(2) Stop sign
	(3) Curve left		(3) Yield sign
	(9) Unknown		(4) School zone sign
1			(5) Other regulatory sign (specify):
1	Design of the Parking	1	
23.	Roadway Profile		(6) Warning sign (not RR crossing)
	(1) Level		(7) Unknown sign
1	(2) Uphill grade (>2%)		(8) Miscellaneous/other controls: cluding RR
1	(3) Hill crest		controls (specify):
1	(4) Downhill grade (>2%)		Controls (specify).
1	(5) Sag		(9) Unknown
1	(9) Unknown		(a) Ouknown
1			
١		2	
24.	Roadway Surface Type	\leq	29. Traffic Control Device Functioning
1	(1) Concrete		(O) No traffic control device
1	(2) Bituminous (asphalt)		(1) Traffic control device not functioning
1	(3) Brick or block		(specify):
1	(4) Slag, gravel, or stone		(2) Traffic control device functioning properly
1	(5) Dirt		(9) Unknown
	(8) Other (specify):		
1	(9) Unknown		
1			
1			I and the second

	PRECRASH DRIVER RELATED DATA	This Vehicle Traveling
30.	Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) (00) No driver present (01) Attentive or not distracted (02) Looked but did not see	(10) Over the lane line on left side of travel lane (11) Over the lane line on right side of travel lane (12) Off the edge of the road on the left side (13) Off the edge of the road on the right side (14) End departure (15) Turning left at intersection
	Distractions (03) By other occupant(s), (specify):	(16) Turning right at intersection (17) Crossing over (passing through) intersection (18) This vehicle decelerating
	.(04) By moving object in vehicle (specify):	(19) Unknown travel direction
	(05) While talking or listening to cellular phone (specify location and type of phone):	Other Motor Vehicle In Lane (50) Other vehicle stopped (51) Traveling in same direction with lower steady
	(06) While dialing cellular phone (specify location and type of phone):	speed (52) Traveling in same direction while decelerating (53) Traveling in same direction with higher speed (54) Traveling in apposite direction
	(07) While adjusting climate controls (08) While adjusting radio, cassette, CD (specify):	(54) Traveling in opposite direction (55) In crossover (56) Backing
	(09) While using other device/object in vehicle (specify):	(59) Unknown travel direction of other motor vehicle in lane
	(10) Sleepy or fell asleep (11) Distracted by outside person, object, or event (specify):	Other Motor Vehicle Encroaching Into Lane (60) From adjacent lane (same direction)—over left lane line
	(12) Eating or drinking (13) Smoking related	(61) From adjacent lane (same direction)—over right lane line
	(97) Distracted/inattentive, details unknown(98) Other, distraction (specify):	(62) From opposite direction—over left lane line (63) From opposite direction—over right lane line
	(99) Unknown Pre-Event Movement (Prior to	(64) From parking lane (65) From crossing street, turning into same direction
	Recognition of Critical Event) (00) No driver present (01) Going straight (02) Decelerating in traffic lane (03) Accelerating in traffic lane (04) Starting in traffic lane (05) Stopped in traffic lane (06) Passing or overtaking another vehicle (07) Disabled or parked in travel lane (08) Leaving a parking position (09) Entering a parking position (10) Turning right (11) Turning left (12) Making a U-turn (13) Backing up (other than for parking position) (14) Negotiating a curve (15) Changing lanes (16) Merging (17) Successful avoidance maneuver to a previous critical event (97) Other (specify):	 (66) From crossing street, across path (67) From crossing street, turning into opposite direction (68) From crossing street, intended path not known (70) From driveway, turning into same direction (71) From driveway, across path (72) From driveway, turning into opposite direction (73) From driveway, intended path not known (74) From entrance to limited access highway (78) Encroachment by other vehicle—details unknown Pedestrian, Pedalcyclist, or Other Nonmotorist (80) Pedestrian in roadway (81) Pedestrian approaching roadway (82) Pedestrian—unknown location (83) Pedalcyclist or other nonmotorist in roadway (specify): (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): (85) Pedalcyclist or other nonmotorist—unknown location (specify):
32.	Critical Precrash Event This Vehicle Loss of Control Due To:	Object or Animal (87) Animal in roadway (88) Animal approaching roadway
	(01) Blow out or flat tire (02) Stalled engine (03) Disabling vehicle failure (e.g., wheel fell off) (specify):	(89) Animal—unknown location (90) Object in roadway (91) Object approaching roadway (92) Object—unknown location
	(04) Non-disabling vehicle problem (e.g., hood flew up) (specify):	(98) Other critical precrash event (specify):
	(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): (06) Traveling too fast for conditions	(99) Unknown
	(08) Other cause of control loss (specify):	

Attempted Avoidance Maneuver O0) No driver present O1) No avoidance maneuver O2) Braking (no lockup)	35. Pre-Impact Location (0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel
01) No avoidance maneuver 02) Braking (no lockup)	(1) Stayed in original travel lane
O2) Braking (no lockup)	(1) Stayed in original travel laft original travel
O3) Braking (lockup)	lane (3) Stayed on roadway, not known if left original
04) Braking (lockup unknown)	
05) Releasing brakes	travel lane
06) Steering left	(4) Departed roadway
	(5) Remained off roadway
08) Braking and steering left	(6) Returned to roadway
09) Braking and steering right	(7) Entered roadway
10) Accelerating	(9) Unknown
	·
	86
98) Other action (specify):	36. Accident Type
	(Note: Applicable codes on back of this
99) Unknown	page)
•	(00) No impact
1	Code the number of the diagram that best
Pre-Impact Stability	describes the accident circumstance
(0) No driver present	(98) Other accident type (specify):
(1) Tracking	100)
	(99) Unknown
degrees	
(3) Skidding laterally—clockwise rotation	
(4) Skidding laterally—counterclockwise rotation	
(7) Other vehicle loss-of-control (specify):	
(9) Precrash stability unknown	
	06) Steering left 07) Steering right 08) Braking and steering left 09) Braking and steering right 10) Accelerating 11) Accelerating and steering left 12) Accelerating and steering right 98) Other action (specify): 99) Unknown Pre-Impact Stability (0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify):

Cate	Contigur-	ACCIDENT TYPES (Includes Intent)		
·	A Right Roadside	DRIVE OFF CONTROL AVOID COLLISION	04 SPECIFICS	05 SPECIFICS
	Departure	ROAD TRACTION LOSS WITH VEH., PED.,		UNKNOWN
Single Driver	B Left	0 00		10
Single	Roadside Departure	BRIVE OFF CONTROL/ AVOID COLLISION ROAD TRACTION LOSS WITH VEH., PED.		SPECIFICS UNKNOWN
-	C Forward	11 12 13 14	15	16
	Impact	Parked veh. Sta. Object Pedestrian/ end Animal Departus	SPECIFICS DE OTHER	SPECIFICS UNKNOWN
	D Rear-End	20 21 24 25 25 27	29 (EACH • 32)	(EACH • 33)
icway teen		STOPPED SLOWER DECEL. 3 21. 22. 23 28, 27 28, 30, 31	SPECIFICS OTHER	SPECIFICS UNKNOWN
Sane Trafficway Sane Direction	E Forward	A SUR TO BE TO SE	ID COLLISION SPECIFIC	42)(EACH • 43)
	Impact		OBJECT OTHER	S SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45 45 (EACH - 48) SPECINGS OTHER		H - 49) PICE UNKNOWN
ξε u u	G Head-On	50 (EACH • EZ) (EACH • EZ) SPECIFICS SPECIFICS LATERAL MOVE OTHER SPECIFICS		
Same Trafficway Oppiesie Direction	H Forward Impact		ID COLLISION SPECIFIC OTHER	• 62)(EACH • 63) CS SPECIFICS UNKNOWN
8 =	l Sideswiper Angle	(EACH • 66) (EACH • 6 SPECIFICS SPECIFICS	7) UNKNOWN	,
\hat{\chi}_{\chi}_{\chi}	J. Turn	<u>n</u> n	(EACH •	74) (EACH • 75)
	Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	EPECIFIC OTHER	S SPECIFICS UNKNOWN
Change Traffic Vehicle Turnin	K. Turn Into	77 79 81	3/22	94) (EACH • 85)
2	Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRE	CTIONS OTHER	8 SPECIFICS UNKNOWN
V Intersect ing Paths (Vehick Damage)	L. Straight Paths	SE SPECIFICOTHER	(EACH -	91) 8 UNKNOWN
VI Miscel	M. Backing Esc		r Accident Type nown Accident Type mpect	·

	OCCUPANT RELATED	44. Vehicle Cargo Weight 9, 9 9 0
37.	Driver Presence in Vehicle	Code weight to nearest 10 kilograms.
1	(O) Driver not present	(000) Less than 5 kilograms
1	(1) Driver present	(450) 4,500 kilograms or more
1	(9) Unknown	(999) Unknown - , ibs X .4536 = , kgs
38.	Number of Occupants This Vehicle	
	(00-96) Code actual number of occupants	Source:
	for this vehicle	ROLLOVER DATA
	(97) 97 or more (99) Unknown	
	(39) Olikilowii	45. Rollover (00) No rollover (no overturning)
39.	Number of Occupant Forms Submitted O 1	
	AIR BAG RELATED	Rollover (primarily about the longitudinal axis) (01-16) Code the number of quarter turns
		(17) Rollover, 17 or more quarter turns
40.	Is this an AOPS Vehicle?	(specify):
	(0) No (includes unknown) (1) Yes - researcher determined	(98) Rolloverend-over-end (i.e., primarily about the lateral axis)
1	(2) VIN determined air bag system	(99) Rollover (overturn), details unknown
1	(3) VIN determined automatic (passive) belts	^ ^
	(4) VIN determined air bag and automatic (passive) belts	46. Rollover Initiation Type (00) No rollover
	(passive) boils	(01) Trip-over
41.	Air Bag(s) Deployment, First Seat Frontal	(O2) Flip-over
İ	(0) Not equipped or not available (1) No air bags deployed	(03) Turn-over
1	-	(O4) Climb-over (O5) Fall-over
1	Single Air Bag Vehicle (2) Driver air bag deployed	(06) Bounce-over
l	(3) Driver air bag, unknown if deployed	(07) Collision with another vehicle
	Multiple Air Bag Vehicle	(08) Other rollover initiation type specify):
l	(4) Driver side only deployed	(98) Rolloverend-over-end
	(5) Passenger side only deployed(6) Driver and passenger side deployed	(99) Unknown rollover initiation type
ŀ	(7) Driver and passenger side deployed (7) Driver and passenger side unknown if	47. Location of Rollover Initiation
l	deployed	(O) No rollover
	(8) Air bag(s) deployed, details unknown (9) Unknown	(1) On roadway
	<i>L</i>	(2) On shoulder—paved (3) On shoulder—unpaved
42.	Air Bag(s) Deployment, Other Than First	(4) On roadside or divided trafficway median
1	Seat Frontal	(8) Rolloverend-over-end
	(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of	(9) Unknown
	impact)	48. Rollover Initiation Object Contacted
	(2) Deployed inadvertently just prior to accident(3) Deployed, details unknown	(Note: Applicable codes on back of page)
	(4) Deployed as a result of a noncollision event	49. Location on Vehicle Where Initial Principal
	during accident sequence (e.g., fire,	Tripping Force Is Applied
	explosion, electrical) (5) Unknown if deployed	(O) No rollover
	(5) Unknown if deployed (7) Nondeployed	(1) Wheels/tires (2) Side plane
1	(9) Unknown	(3) End plane
	Consider the season of Fotbook oil has proceed.	(4) Undercarriage
	Specify type of "other" air bag present:	(5) Other location on vehicle (specify):
		(6) Non-contact rollover forces (specify):
	VEHICLE WEIGHT ITEMS	(8) Rolloverend-over-end
	VEHICLE WEIGHT HEIVIS	(9) Unknown
	990	50. Direction of Initial Roll
43	Vehicle Curb Weight Code weight to nearest Vehicle Curb Weight	(O) No rollover
/	10 kilograms.	(1) Roll right - primarily about the longitudinal axis
	(045) Less than 450 kilograms	(2) Roll left - primarily about the longitudinal
1	(610) 6,100 kilograms or more (999) Unknows-	axis
	4,265 lbs X .4536 = 1,935 kgs	(8) Rolloverend-over-end (9) Unknown roll direction
		(a) Charles III I I I I I I I I I I I I I I I I I
I	Source:	1

OVERRIDE/UNDERRIDE (THIS VEHICLE)	ACCIDENT RECONSTRUCTION PROGRAMS
7.	HIGHEST DELTA V
51. Front Override/Underride (this Vehicle)	58. Basis for Total (Resultant) Delta V
52. Rear Override/Underride (this Vehicle) (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles,	(highest)
and no medium/heavy truck or bus underride	(00) No vehicle inspection
Override (see specific CDC)	Delta V Calculated
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]	(01) Reconstruction program
(1) 1st CDC (2) 2nd CDC	-damage only routine
(3) Other not automated CDC (specify):	(02) Reconstruction program -damage and trajectory routine
	(03) Missing vehicle algorithm
Underride (see specific CDC)	Delta V Not Calculated
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)] (4) 1st CDC	(04) At least one vehicle (which may be this
(5) 2nd CDC	vehicle) is beyond the scope of an
(6) Other not automated CDC (specify):	acceptable reconstruction program,
	regardless of collision conditions.
(7) Medium/heavy truck or bus override (of any	All vehicles within scope (CDC applicable) of
configuration)	reconstuction program but one of the collision
(9) Unknown	conditions is beyond the scope of the
HEADING ANGLE AT IMPACT FOR	reconstruction program or other acceptable
HIGHEST DELTA V	reconstruction technique, regardless of adequacy
Values: (000)-(359) Code actual value	of damage data.
(997) Noncollision	(05) Rollover
(998) Impact with object	(06) Other non-horizontal forces
(999) Unknown	(07) Sideswipe type damage
53. Heading Angle For This Vehicle	(08) Severe override
54. Heading Angle For Other Vehicle 090	(09) Yielding object (10) Overlapping damage
RECONSTRUCTION DATA	(11) All vehicle and collision conditions are within
	scope of one of the acceptable
55.Towed Trailing Unit (0) No towed unit	reconstruction programs, but there is
(1) Yes—towed trailing unit	insufficient data available, (specify):
(9) Unknown	
56. Documentation of Trajectory Data	(98) Other, (specify):
for This Vehicle	
(0) No	
(1) Yes	
57. Post Collision Condition of Tree or Pole	
(For Highest Delta V)	
(0) Not collision (for highest delta V) with	·
tree or pole (1) Not damaged	
(2) Cracked/sheared	
(3) Tilted <45 degrees	
(4) Tilted ≥45 degrees	
(5) Uprooted tree	
(6) Separated pole from base	
(7) Pole replaced	
(8) Other (specify):	
(9) Unknown	

	COMPUTER GENERAT	TED CRASH SEVERITY
59.	Total Delta V 999	Highest 63. Impact Speed 9 9 8
	Nearest kmph (highest)	Nearest kmph (highest)
	Nearest kmph (secondary)	Nearest kmph (secondary)
60.	(NOTE: 000 means less than 0.5 kmph) (160)159.5 kmph and above (999)Unknown Highest Longitudinal Component of + 9 9 9	(NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (998) Trajectory algorithm not run (999) Unknown
		DELTA V CONFIDENCE LEVEL
	Nearest kmph (highest) Nearest kmph (secondary) (NOTE:000 means greater than 0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (999) Unknown Highest	64. Confidence In Reconstruction Program Results (For Highest Delta V) (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
61.	Lateral Component of Delta V 9 9	OTHER SPEED ESTIMATE
	Nearest kmph (highest) Nearest kmph (secondary)	65. Barrier Equivalent Speed Highest 9 9 9
	(NOTE:000 means greater than -0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (_999) Unknown	Nearest kmph (highest) Nearest kmph (secondary) (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above
62.	Energy Absorption 999,900 Nearest 100 joules (highest)	(999) Unknown
	Nearest 100 joules (secondary) (NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown	
	IS MISSING VEHICLE ALGORITHM APPLICATION OF THE SERVICE OF THE SER	

VEHICLE INSPECTION ESTIMATED DELTA V 3 66. Estimated Highest Delta V (Researcher 67. Type of Vehicle Inspection (0) No inspection Determined) (1) Vehicle fully repaired-no damage evident (0) Reconstruction Delta V coded (2) Partial inspection (specify): inspected due to fire debris not Interior Estimated Delta V (3) Complete inspection (1) Less than 10 kmph (2) \geq 10 kmph but < 25 kmph (3) \geq 25 kmph but < 40 kmph (4) \geq 40 kmph but < 55 kmph (5) \geq 55 kmph Other estimates of damage severity (6) Minor (7) Moderate (8) Severe (9) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

> *** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *** THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation					
National Highway Traffic Safety Administration	EXTERIOR VEHIC	LE FORM MATIC	NATIONAL ACCIDENT SAMPLING SYST CRASHWORTHINESS DATA SYST		
Primary Sampling Unit Number Case Number - Stratum	9 <u>5</u> 16 3.	Vehicle Number	02		
	VEHICLE IDENTIF	ICATION			
VIN 2684631	MaF4		Model Year 85		
Vehicle Make (specify):CheV	rolet,	/ehicle Model (specify):	cutaway VAN		
	LOCATO	3			
Locate the end of the damage with re or an undamaged axle for side impact		itudinal center line or bun	nper corner for end impacts		
Specific Impact No. Location of Direct I	Damage	Location of Field L	Location of Max Crush		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct D Width (CDC)	Max Crush	Field L	C,	C ₂	C ₃	C₄	C ₅	C ₆	±D
	a Bumper	165	31	158	0,	2	9	19	29	22	0
/	Above Bumpe Free SPACE Resultant				43		38	30			
	PRES SPACE				10	10	10	ID			
	RESILTAN				<i>33</i>	36	28	ZO			
1	FINAL	165	31	158	17	19	19	19	29	22	٥
			: : : : : : : : : : : : : : : : : : : :								
			•								
HS Form 435A	1/Paul 1/05)										

HS Form 435A (Rev. 1/95)

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase						<u>371</u> cm
Overall Length	7218.6	inches	x	2.54	=	7 <u>5 5 5</u> cm
Maximum Width	92.9	inches	x	2.54	=	236 cm
Chassis + Cab Curb Weight	<u> </u>	pounds	x	0.4536	=	_1,9 <u>35</u> kg
Average Track		inches	x	2.54	=	cm
Front Overhang	_29.6	inches	x	2.54	=	<u>7_5</u> cm
Rear Overhang	> 43.0	inches	x	2.54	=	> <u>/ 0 9</u> cm
Undeformed End Wid	th <u>73.</u>	inches	x	2.54	=	<u> 185</u> cm
Engine Size: cyl/displ	•	cc	x	0.001	=	<u>5.7</u> L
V8		CID	x	0.0164	=	L

Special	CRASH INVESTIGAT	TION ADDENDUM
Submodel Designation: {opocity}	Color: {speci	Repair Cost: \$
Transmission: {circle} Automatic	Manual Speed:	3-speed 4-speed 5-speed Other:
Steering: {circle} Power-assisted	Manual Type:	ack-and-pinion worm-and-gear Other
{please describe}:		
Brakes: {direk} Power-assisted	Manual Type: 4	wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:
Observed Defects: {specify}		
Fleet Type: {circle} Private vehicle F	lental vehicle Leased	vehicle Commercial vehicle Other
{please describe}:		

	VEHICLE DAMAGE SKETCH	
TIRE—WHEEL DAMAGE a. Rotation physically b. Tire restricted deflated RF 9 RF 9 RR 2 RF 9 RR 2 RR 2 RR 2 RR 2	ORIGINAL SPECIFICATIONS Wheelbase 370 cm Overall Length cm Maximum Width 201 cm Curb Weight kg Average Track cm Front Overhang 75 cm ORIGINAL SPECIFICATIONS WHEEL STEER AN (For locked front who displaced rear axles on LF ± 00 RR ± 00 Within ± 5 degree on The Company of LR ± 00 Within ± 5 degree on The Company Cm ORIGINAL SPECIFICATIONS WHEEL STEER AN (For locked front who displaced rear axles on LF ± 00 Within ± 5 degree on The Company of LR ± 00 Within ± 5 degree on The Company Cm ORIGINAL SPECIFICATIONS WHEEL STEER AN (For locked front who displaced rear axles on LF ± 00 Within ± 5 degree on The Company of LR ± 00 Within ± 5 degree on The Company Cm ORIGINAL SPECIFICATIONS WHEEL STEER AN (For locked front who displaced rear axles on LF ± 00 Within ± 5 degree on The Company of LR ± 00 Within ± 5 degree on The Company Cm ORIGINAL SPECIFICATIONS OVERALL SPECIFICATIONS OV	eels or only)
☐ Manual ☐ Automatic END SHIFT ≥ 10 CM ☐ Yes 🖟 No	Undeformed End Width cm Approximate Cargo Weight	
TOTAL TOTAL	Original Bumper height Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH Bumper corner 39 380 230- Stringline 69 POST-CRASH	
received on the beck of this page.	in tire bead, direction of strictions, scuff on sidewells, etc.). If pulling treiler, sketch type of trailer and ation such as component removal by torching, prying, or hydreulic shears.	demage

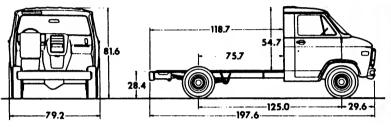
Vehicle Identification Number and Registration Data

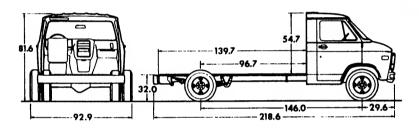
1	1	1	1	1	1	1	1	1	1 6	GEN	ER	AL MOTORS (CHEVROLET - GMC)
1	2	3	4	5	•	7	•	•	9			IDENTIFICATION NUMBER (Cont'd.)
												ND SECTION — VEHICLE ATTRIBUTES lodel Code – Line, Series, Body (Cont'd)
_	_	_	_	_	_							
×	×	Ħ	×	×	Ħ	×	×	Ħ	Ħ	G18	-	TG1106/TG11306 4z2 "Relly" "Relly 9TX"
												"Sportvan" "Beauville" Compact Bus
Ħ	×	×	×	×	Ħ	*	Ħ	Ħ	*	G25	-	TG21005/TG21305 4x2 "Vendure" "Chevy Ven"
4	4	•	_		_	_	_	_	_	G26	_	Compact Van - Also "Gaucho" "Nomed" TG21006/TG23106 4x2 "Relly" "Relly \$TX"
_	_	_	_	-	*	*	*	*	*	420	-	"Sportven" "Beeuville" Compact Bus
_	_	_	_	_	_	*	*	*	*	G30	-	4x2 "Chevy Van" "Sport Van" "Vandura"
										\sim		"Relly"
*	*	*	*	*	*	*	*	*	*	~G31 \	_	TG31303/TG31603 4x2 "Hi Cube" "Magnavan"
									- 1	. }	111	Compact Step Van
*	*	×	*	*	★.	. *	*	*	4	*G31 /	-	TG313321/TG31632/TG31303/TG31603 4x2
									,			"Raffy Camper Special" "RY Cudaway Van"
												"Yandura Special" "Commercial Cutaway Van" Front End Compact Section
•	_	4	_	_	_	_	_	_	_	G15		Van From End Compact Section .
Ţ.	7	7	*	*	*	*	*	*	*	G36		TG31305 4x2 "Vandura" "Chevy Ven" Compact Ven TG31305 4x2 "Relly" "Relly STX" "Sportven"
_	_	_	_	_	_	-	_	-	_	454	_	"Beauville" Compact Bus
•	+	•	•	_	_	_	_	_	_	4K14	_	TK10703/TK10903 4x4 "Wideside" "Fenderside"
_	_	_	_	_	_	_	_	_	-		_	"Fleetside" "Stepeide" Conv. Pickup
*	*	*	*	*	*	_	_	_	_	K16	_	TK10906 4x4 "Suburban" Conventional Wagon
*	*	*	*	*	*	_	_	_	_	K19	-	TK10519 4x4 "Jimmy" "Blazer" Conventional Utility
*	*	*	*	*	*	_	_	_	_	°K24	-	TK30903 4x4 Conv. Che & Cab
×	*	*	*	*	*	_	*	*	*	°K24	-	TK30903 4x4 "Wideside" "Fenderside" "Fleetside"
												"Stepelde" Conv. Pickup
*	*	*	*	*	*	_	_	_	_	K26		TK20906 4x4 "Suburban" Conventional Wagon
*	*	*	*	*	*	_	_	_	_	1K33 1K33	-	TK30903 4x4 Conv. Crew Cab & Chs TK30903 4x4 "Wideside" "Fleetside" Conv. Crew
*	Ħ	=	×	×	×	_	_	_	_	NJJ	-	Ceb Pickup
*	*	*	•	•	+	_	+	•	+	*K34	-	TK30903/TK31003/TK31403 4x4 Conv. Che & Cab
												- Also Bonus Cab
*	*	*	*	*	*	_	*	*	*	°K34	-	TK30903 4x4 "Wideside" "Fleetside" Conv. Pickup
												Also Bonus Cab
*	*	_	_	_	_	_	_	_	_	L14	-	CL10503 4x2 "Luv" import Mini-Pickup
*	*	_	_	_	_	_	_	_	_	L14	-	
_	_	_	_	*	*	*	*	*	*	M15		TM10905 Mini-Van "Astro", "Sefari" (Cargo)
_	_	-	_	*	*	*	*	*	*	M15	-	TM10906 Mini-Van "Astro", "Sefsri" (Passenger)
*	*	×	*	*	*	*	*	*	*	'P22	-	TP20842/TP21042 4x2 "Forward Control"
								,				Stripped Chessis
*	×	*	*	*	*	*	*	*	Ħ	'P22	-	TP20042/TP21042 4x2 "Value Van" Steel or
_	_	_								****		Alum. Step Ven
Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	'P32	-	TP30842/TP31042/TP31442 4x2 "Forward
	_	_	_	_	_	_	_			·P32	_	Control" Stripped Chasels TP30842/TP31042/TP31442 4x2 "Value Ven"
=	×	×	×	Ħ	=	Ħ	×	=	Ħ	734	-	Steel or Alum. Step Van
*	*	*	*	*	*	*	*	•	*	P37	_	TP30832/TP31132/TP31432/TP31932 4x2 Motor
		-	_	_	_	_	_	_	-			Home Stripped Chassis
*	*	_	_	_	_	_	_	_	_	R14	-	
_	_	_	_	_	_	*	_	_	_	R14	_	4x2 "Wideside" "Fenderside" "Fleetside"
						_						"Stepside" Conv. Pickup
_	_	_	_	_	_	*	*	*	*	R16	-	
_	_	_	_	_	_	*	_	_	_	R24	-	4x2 "Wideside" "Fenderside" "Fleetside"
												"Stepelde" Cenv. Pickup
-	-	_	-	=	_	_	*	*	*	'R24	-	
-	-	_	-	_	_	*	*	*	:	R26	-	4x2 "Buburben" Conventional Wagon
-	_	-	_	_	_	*	Ħ	*	*	R33	•	4x2 Cenv. Crew Cab & Che. & Bonus Cab & Che
												·

Vehicle Identification Number and Registration Data

1 1 1 1	1	1	1	1	1	1				
	•	•	•	•	•	9	GENE	RAL M	OTORS	S (CHEVROLET - GMC)
	•	•	•	•		•	VELHO	- IO-1		
1 2 3 4	5	•	7		•	0	VEHIC	E IDENTI	FICATION	N NUMBER (Cont'd.)
							(2) SE	COND SECT	10N — VE	HICLE ATTRIBUTES
							` (B)			Series, Body (Cont'd.)
	_	_	*	*	_	_	R34			Fenderside" "Fleetside"
	_	_	_		*	*	*R34			nv. Pickup - Also Bonus Cab Cab - also Bonus Cab
- * * *	*	_	_	÷	÷	-	'S14			3 "\$10", "\$15" 4x2 Chs & Cab
	÷	+	÷	7	4	7	\$14	= TS1060	3/TS 10803	3 "S10", "S15" 4X2 CHS & C80
		-		_	-	-	•••			Compact Pickup
*	*	*	*	*	*	*	S19	- TS1051	6 "810", "	'S15" 4x2 "Blazer", "Jimmy"
									sect Utility	
*	*	-	-	-	-	-	°T14	- TT1060	3/TT10803	"\$10", "\$15" 4x4 Chs & Cab
x	Ħ	Ħ	Ħ	Ħ	Ħ	Ħ	T14	- TT1060	3/TT10603 sect Picku	"\$10", "\$15" 4x4 Wideside
+	•	•	+	•	•	+	T18			P 'S15" 4x4 "Blezer", "Jimmy"
-	_	-	_	_	_	_	• • • •		sect Utility	
	_	_	_	_	_	*	U06	- 1UM06	Lumine Al	PV
	_	_	•	_	_	_	V14			"Fenderside" "Fleetside"
			-				•••		side" Cor	
	_	_	*	*	*	*	V19	- 4x4 "Si	ıburben" (Conventional Wagon
	_	_	*	*	*	*	V19	- 4x4 "Ji	mmy" "Bla	ezer" Conventional Utility
	_	_	Ħ	_	_	_	V24			"Fenderside" "Fleetside"
	·_	_	+	*	*	*	V26		oside" Cor uburben" (TV. Pickup Conventional Wagon
	_	_	â.	÷	÷	÷	V33			cab & Cha.
	_	_	*	*	*	*	V34			'Fenderside" "Fleetside"
										v. Pickup - Also Bonus Cab
	_	_	-	×	Ħ	*	°V34			Cab - Also Bonus Cab
* * * *	*	*	*	_	_	_	W80			ellero" "El Camino" Seden
								Picku	P	
									Heavy Du	
								(The 1st d	light of this	position is a number for all Medium
								(The 1st d and Heav	light of this y Duty Tru	position is a number for all Medium cks)
						_	Code	(The 1st d and Heavy Model	light of this y Duty Tru Series	position is a number for all Medium cks) Description
	_	_	*	*	*	*	Code 481 -	(The 1st d and Heavy Model	light of this y Duty Tru	position is a number for all Medium cks) Description 4x2 67.9" BBC Steel Tilt Cha
	_	_	* -	* -	*	* -	481 -	(The 1st d and Heavy Model W4S042	light of this y Duty Tru Series 4500	position is a number for all Medium cits) Description 4x2 67.9" BBC Steel Tilt Cha & Cab
 * * * *		- -	* -*	* -*	* -	* -*		(The 1st d and Heavy Model W4S042 P4T042	light of this y Duty Tru Series	position is a number for all Medium cks) Description 4x2 67.9" BBC Steel Tilt Che & Ceb 4x2 Forward Control Chessis
 * * * * * * * *	- - *	- <u>*</u>	* *	* -**	* -**	* -**	481 - 4T1 -	(The 1st d and Heavy Model W4S042 P4T042 C5D042	light of this y Duty Tru Series 4500	position is a number for all Medium cits) Description 4x2 67.9" BBC Steel Tilt Cha & Cab
	_ <u>*</u> .	- <u>*</u>		*	*		481 - 471 - 501 - 6A1 -	(The 1st d and Heavy Model W4S042 P4T042 C5D042 W6R042	light of this y Duty Tru Series 4500 4500 5000 6000	position is a number for all Medium cks) Description 4x2 67.9" BBC Steel Tilt Che & Cab 4x2 Forward Control Chessis 4x2 971/4" BBC Conv Cha & Cab 4x2 72.5" BBC Steel Tilt Cha & Cab
* * * *	- *	- * *					481 - 471 - 501 - 6A1 -	(The 1st d and Heavy Model W4S042 P4T042 C5D042 W6R042	ligit of this y Duty Tru Series 4500 4500 5000 6000	position is a number for all Medium cks) Description 4x2 97.9" BBC Steel Tilt Che & Cab 4x2 Forward Control Chessis 4x2 9719" BBC Conv Che & Cab 4x2 772.5" BBC Steel Tilt Che & Cab 4x2 9719" BBC Conv Che & Cab 4x2 9719" BBC Conv Che & Cab
* * * *	<u>*</u>	<u>*</u>	* *	*	*	*	481 471 501 6A1 6D1 8D3	(The 1st d and Heavy Model W4S042 P4T042 C5D042 W6R042 C6D042 C6D062	lgit of this y Duty Tru Series 4500 4500 5000 6000	position is a number for all Medium cks) Description 4x2 67.9" BBC Steel Tilt Che & Cab 4x2 Forward Control Chessis 4x2 97½" BBC Conv Che & Cab 4x2 72.5" BBC Steel Tilt Che & Cab 4x2 87½" BBC Conv Che & Cab 8x2 87½" BBC Conv Che & Cab 8x2 87½" BBC Conv Che & Cab
* * * * *	<u>+</u> + +	<u>+</u> ★ <u>+</u>	* *	* * -*	* * +	* * -*	481 - 4T1 - 5D1 - 6A1 - 6D1 - 8D3 - 6P1 -	(The 1st d and Heavy Model W4S042 C5D042 W6R042 C6D042 C6D062 B6P042	Igit of this y Duty Tru Series 4500 4500 5000 6000 6000 8000 8000	position is a number for all Medium cks) Description 4x2 97.9" BBC Steel Tilt Che & Cab 4x2 Forward Control Chassis 4x2 971/" BBC Conv Chs & Cab 4x2 72.5" BBC Steel Tilt Chs & Cab 4x2 73.9" BBC Steel Tilt Chs & Cab 4x2 871/" BBC Conv Chs & Cab 4x2 871/" BBC Conv Chs & Cab 4x2 871/" BBC Conv Chs & Cab 4x2 881/" BBC Conv Chs & Cab 4x2 Bus Chessis & Covi
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CHEVROLET CUTAWAY VAN GVW Ratings: 7,400-10,500 Lbs.





ENGINE: Standard: Chevrole 5.7L 350-4 V8. 160 NHP @ 3800 RPM. Calif. engines: Chevrolet 5.7L 350-4 V8, 155 NHP @ 4000 RPM.

125" or 146" wb) Commercial Gutaway. . MODELS AVAILABLE:

125" or 146" wb. RV Cutaway.

125" wb. School bus opt. w/Commercial Cutaway

CHEVROLET CUTAWAY VAN

GVW		
RATING	WB.	MINIMUM EQUIPMENT REQUIRED FOR GVW RATING
Commerci	al Cut	away:
7,400	125	Standard - Commercial Cutaway (N/A in Calif.)
8,600	125	Commercial Cutaway; HD Chassis group, incl
		1,950 lb. fr. springs, front stabilizer bar, 515
		CCA battery, 66 amp. alt.; req. 8.75-16.5/E tires.
8,900	125	Commercial Cutaway; HD Chassis group w/Dual rear
•		wheels, incl Hyd. Power assit. brakes, 3,400
		fr. & 6,000 r. springs, 6,200 lb. r. axle, chassis
		provisions, front stabilizer bar, 515 CCA battery,
		66 amp. alt.; N/A w/8.75-16.5D/E tires.
10,000	125	Comm. Cutaway; 7500 lb. r. axle; Dual Rear wheel
		Provisions; School Bus chassis equip., incl 1950
		lb. fr. springs; HD shocks; 8.00-16.5D tires.
8,900	146	Standard - Commercial Cutaway.
10,000	146	Commercial Cutaway; 7,500 lb. rear axle.
10,500	146	Standard - Comm. Cutaway w/C7C HD chassis pkg.;
		C7C pkg. includes 7,500 lb. r. axle, 4.56 ratio,
		8.00-16.5D 8pr tires w/Dual wheel provisions.
DV C		
RV Cutaw 8,600	125	Chandand By Cubarra
8,900	125	Standard - RV Cutaway.
10,500	146	RV Cutaway; Dual Rear wheel Provisions.
10,500	140	Standard - RV Cutaway.
CURB WEI	GHTS &	DIMENSIONS: (Standard equipment)
Model		Model # Front Rear Total WB OL OH
Commerci	al Cut	away G31303 2,386 1,345 3,731 125 197.6 81.6
RV Cutaw	ay	G31332 2,402 1,503 3,905 125 197.6 81.6

2,582 1,589 4,171 146 218.6

G31632 2,588 1,731 4,319 146 218.6 81.6

2,609 1,656 4.265 146 218.6 81.6

Commercial Cutaway 631603

G31603

Ground clearance, front 9.0", rear 7.0"

Comm. Cut. w/C7C

RV Cutaway

- 31

CHEVROLET

CHEVROLET CUTAWAY VAN

	MODEL	Comm. Cutaway	Comm. Cutaway	RV Cutaway	RV Cutaway				
	MODEL #	G31303	G31603	G31332	G31632				
	Wheelbase	125"	146"	125"	146"				
	Front Axle, cap.	3,900 lbs.	3,900 lbs.	3,900 lbs.	3,900 lbs.				
	Rear Axle, cap.	5,700 lbs.	6200 lbs.(7500**)	5,700 lbs.	7,500 lbs.				
୍ଦ	Standard ratio	3.23	4.10	4.10	4.56				
	Optional ratios	(3.73.4.10.4.56)	(4.56**)	(3.73 Calif, 4.56)	4.56 (3.73 Calif., 4.10)				
S	Service Brakes		Hydraulic s	elf-adjusting					
0	Front		12.5 x 1.54" (disc)						
Ξ	Rear	13 x 2.5 drum	13 x 3.5 drum	13 x 2.5 drum	13 x 3.5 drum				
Z	Booster	Dual Diaphragm.	Hydro-Boost	Dual Diaphragm	Hydro-Boost				
m	Parking Brakes								
E	Cooling System	4.3 gallon capacity; 479 sq. in. frontal area radiator							
;=	Drive Line	Tubular shafts, needle bearing universal joints							
		390 CCA		515 CCA					
	Alternator								
ဂ	Frame		66 amp. Integral	body frame					
_	Fuel Tank		33 gallon						
-	Steering		Integral Power stee						
Z			1,950 lb coll ea.						
O	Optional Front								
m	Rear Springs, cap.	3,000 lb leaf ea.	3,600 lb leaf ea.	3,000 lb leaf ea.	3.600 lb leaf ea.				
×	Shock Absrbrs fr&r	25mm dia.	35mm dia.	25mm dia.	35mm dia.				
	Transmission, Std.		Automatic > ratios 2	.48. 1.48. 1.00. re	verse 2.10				
			8.00-16.5C 6pr*						
	·	•	8.00-16.5D 8pr**	•	•				
	Whee 1s	16.5 x 6.75" disc		16.5 x 6.75" disc	16.5 x 6.0" disc				
1			Commercial Cutaway						
	() - Optional		•						

CHEVROLET

			CDC V	VORKSHE	ET					
	×	C	ODES FOR	OBJECT CON	TACTED					
(01-30)	– Vehicle Nu	ımber			7) Fence B) Wall					
Noncoll	ision				9) Building					
		ollover (excludes	end-over-er		0) Ditch or					
(32)	Rollover-end	-over-end		• -	1) Ground					
	Fire or explos	ion			2) Fire hyd	rant				
	Jackknife			• -	3) Curb					
		t damage (specif	'y):		4) Bridge B) Other fiz	xed object (s	specify):			
	Noncollision in Other noncoll	njury ision (specify):		(69	9) Unknow	n fixed obje	ct			
(39)	Noncollision -	– details unknov	/n			onfixed Obje		_		
				(70		er car, light		or other		
	With Fixed O			17		not in-transp /heavy truck		in transport		
		m in diameter) m in diameter)			1) Medium 2) Pedestri		t or bus not	in-transport		
	Shrubbery or			•	3) Cyclist (
	Embankment	20011				onmotorist o	r-conveyan	ce ·		
(45)	Breakaway po	ole or post (any o	liameter)		5) Vehicle 6) Animal	occupant	·			
Nonbro	akaway Pole o	r Post			7) Train					
		i rost ≤ 10 cm in diam	neter)			disconnecte	d in transpo	rt		
	•	> 10 cm but ≤				Trailer, disconnected in transport Object fell from vehicle in-transport				
(0.7	diameter)	, , , , , , , , , , , , , , , , , , ,	55 5iii iii			Other nonfixed object (specify):				
		> 30 cm in dian diameter unknow				n nonfixed				
	, J		,				_			
	Concrete traff			(9)	B) Other ev	vent (specify	/):			
(56)	Other traffic to (specify):	parrier (includes (guardrail)	(9:	9) Unknow	n event or o	object			
-		DEFORMAT	TION CLASS	IFICATION B	Y EVENT N	IUMBER				
					(4)	(5)				
Accident Event		(1) (2) Direction	Incremental	(3)	Specific Longitudinal	Specific Vertical or	(6) Type of	(7)		
Sequence	Object	of Force	Value of	Deformation	or Lateral	Lateral	Damage	Deformation		
Number	Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent		
01	OI	-10		F	$\overline{\mathcal{D}}$	E	W	03		
02										
03		- 80		7	\overline{P}	G	N	0/		
<u> </u>							<u>~</u>	<u>.</u>		
							-			
										
										

	COLLISION DEFORMATION CLASSIFICATION								
HIGHEST	DELTA "V"								
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent		
4.0 1	5. <u>0</u>]	6.12	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11.03		
Second Hi	ghest Delta "V	-							
12. <u>03</u>	13. <u>0</u> <u>/</u>	14. 09	15. <u>L</u>	16. <u>P</u>	17. <u>G</u>	18. <u>N</u>	19. 0 /		
		CRUS	H PROFILE	IN CENTIM	ETERS				
	The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)								
HIGHEST	DELTA "V"								
20. L	21. 				<u>С</u> ₅	C ₆	22. 		
185	017	019	019	019 0	29 0	<u>22</u>	000		
Second Hi	ghest Delta "V	•	•			•			
23. L ———	24. 	C ₂		C ₄	C ₅	C ₆	25. 		
							• 		
(Coded impact (250) (998)	ormed End Widt d when highest is an end pland Code to the ne 250 centimete No highest sev Unknown	severity e impact.) earest centimet es or more		(650)	el Wheelbase Code to the n centimeter 650 centimet Unknowninches		3 7 /.		
(For hi	Damage Width ghest severity i Code to the ne 250 centimete Unknown	earest centimet	<u> 165</u>	(185)	al Average Tra Code to the r centimter 185 centimet Unknowninches	earest	999 centimeters		

		FUEL SYSTEM
30. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes 31. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown 32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report)	<u>o</u> +	35. Location of Fuel Tank-1 Filler Cap 36. Location of Fuel Tank-2 Filler Cap (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on left side plane (8) Other (specify): (9) Unknown 37. Type of Fuel Tank-1 38. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic
PLACARD in case report) (9) Unknown if vehicle is modified		(2) Non-metallic (9) Unknown
FIRE OCCURRENCE		39. Location of Fuel Tank-1
33. Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown 34. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown	2	40. Location of Fuel Tank-2 (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) right side (8) Other (specify): (9) Unknown 41. Damage to Fuel Tank-1 42. Damage to Fuel Tank-2 (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): (9) Unknown

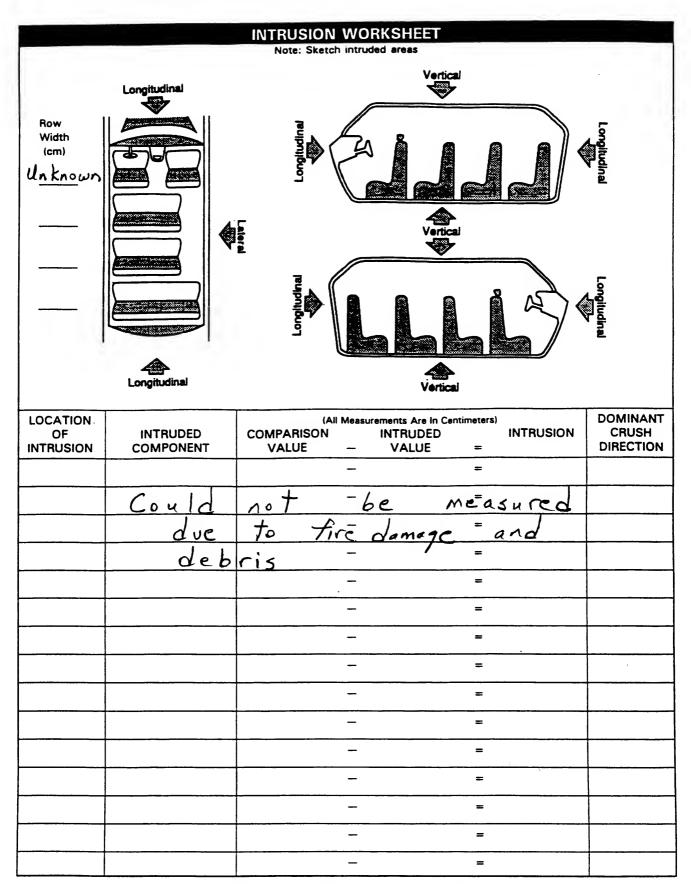
	AND ADDITIONS OF THE PARTY OF T	
43.	Leakage Location of Fuel System-1	47. Is This Vehicle Equipped With More Than Two Fuel Tanks?
44.	Leakage Location of Fuel System-2	(0) No (one or two tanks only)
	(0) No fuel tank	
	(1) No fuel leakage	Yes - More Than Two Tanks
	117 140 1201 10011200	(1) Yes <u>no damage</u> to any tank or filler
	0.000	cap and no fuel system leakage
	Primary Area Of Leakage	Cap and no ider system loakage
	(2) Tank	(2) Yes <u>no damage</u> to any tank or filler
	(3) Filler neck	cap but there is fuel system leakage
	(4) Cap	(specify leakage location):
	(5) Lines/pump/filter	(a) V d to an additional tank or
	(6) Vent/emission recovery	(3) Yes - damage to an additional tank or
	(8) Other (specify):	filler cap and there is fuel system leakage
	(9) Unknown	(specify the following):
	(5) CHRIGHTI	Type of tank
	\wedge	
45.	Fuel Type-1	Filler cap location
		Tank damage Location of leakage
46	Fuel Type-2	Location of leakage
70.	, , , ,	Type of fuel
	Olarda Fried Tripo	Type of fuel(9) Unknown if more than two tanks
	Single Fuel Type	19) Olikilowii ii iiiolo tilali two talika
	(00) No fuel tank	
	(01) Gasoline	
	(O2) Diesel	
	(03) CNG (Compressed Natural Gas)	COMMENTS
	(04) LPG (Liquid Petroleum Gas) also	
	known as Propane	
	(05) LNG (Liquid Natural Gas)	() 1
	(06) Methanol (M100 or M85)	
	(07) Ethanol (E100 or E85)	
	(08) Other (Hydrogen or others) (specify):	
	(06) Other (Hydrogen or others) (specify).	
	Florence Bounded as Floretia/Color	•
	Electric Powered or Electric/Solar	ļ.
	Powered Vehicles	
	(10) Lead Acid Battery	
	(11) Nickel-Iron Battery	
	(12) Nickel-Cadmium Battery	
	(13) Sodium Metal Chloride Battery	
	(14) Sodium Sulfur Battery	
	(18) Other (Specify):	
l	•	
	(98) Other Hybrid (specify):	
	(DE) DESCRIPTION OF THE STATE O	
	(99) Unknown fuel type	
	(99) Olikilowii idei type	
1		
l		· ·
l		
l		
		NEW TOWNS OF WAS NOT TOWNS AND
l	*** STOP: IF THE CDS APPLICAB	LE VEHICLE WAS NOT TOWED ***
l		
1	(GV	10=0)
ł		
}	DO NOT COMPLETE THE	INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM

U.S. Department of Transportation National Highway Traffic Safaty

Administration	CRASHWURTHINESS DATA SYSTE
1. Di Caratina Hais Number	GLAZING
1. Primary Sampling Unit Number 7 Case Number - Stratum 9 5 1 6	Type of Window/Windshield Glazing
2. Case Number - Stratum 75 76	15. WS 9 16. LF 9 17. RF 9 18. LR 0 19. RR 0
3. Vehicle Number <u>O A</u>	20. BL
INTEGRITY	(0) No glazing
4. Passenger Compartment Integrity (00) No intagrity loss Yas, Integrity Was Lost Through (01) Windshield (02) Door (sida) (03) Door/hatch (back door) (04) Roof (05) Roof glass (06) Sida window (07) Raar window (backlight) (08) Roof and roof glass (09) Windshield and door (side) (10) Windshield and roof (11) Side and raar window (side window and backlight) (12) Windshield and sida window (13) Door and sida window (98) Other combination of abova (specify):	(1) AS-1 — Laminated (2) AS-2 — Temperad (3) AS-3 — Temperad-tinted (original) (4) AS-2 — Tempered-with after market tint (5) AS-3 — Tamperad-tintad (with additional after market tint) (6) AS-14 — Glass/Plastic (7) Glazing ramovad prior to accident (8) Other (specify): (9) Unknown Window Precrash Glazing Status 23. WS 1 24. LF 2 25. RF 4 26. LR 0 27. RR0 28. BL 29. Roof 30. Other 0 (0) No glazing (1) Fixad (2) Closad (3) Partially opened (4) Fully opened (7) Glazing ramoved prior to accident (9) Unknown
Door, Tailgate or Hatch Opening	Glazing Damage from Impact Forces
5. LF <u>3</u> 6. RF <u>3</u> 7. LR <u>0</u> 8. RR <u>0</u> 9. TG/H <u>0</u>	31. WS $\frac{9}{2}$ 32. LF $\frac{9}{2}$ 33. RF $\frac{9}{2}$ 34. LR $\frac{0}{2}$ 35. RR $\frac{0}{2}$
(0) No door/gata/hatch (1) Door/gata/hatch remained closed and operational (2) Door/gate/hatch cama open during collision (3) Door/gate/hatch jammad shut (8) Other (specify): Unknown	 36. BL 37. Roof 38. Other (0) No glazing (1) No glazing damage from impact forcas (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forcas (5) Glazing out-of-place and holed from impact forces
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø	 (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (9) Unknown if damaged
10. LF <u>0</u> 11. RF <u>0</u> 12. LR <u>0</u> 13. RR <u>0</u> 14. TG/H <u>0</u>	Glazing Damage from Occupant Contact
(0) No door/gata/hatch or door not opened	39. WS 9 40. LF 9 41. RF 9 42. LR 0 43. RR 0
Door, Tailgata or Hatch Came Open During Collision (1) Door operational (no damage) (2) Latch/striker failure due to damaga (3) Hinge failure due to damage (4) Door structura failura due to damage (5) Door support (i.a., pillar, sill, roof side rail, etc.) failura due to damage (6) Latch/strikar and hinge failure due to damage (8) Other failura (specify): (9) Unknown	(0) No glazing (1) No occupant contact to glazing (2) Glazing contacted by occupant but no glazing damaga (3) Glazing in place and cracked by occupant contact (4) Glazing in place and holed by occupant contact (5) Glazing out-of-place (cracked or not) by occupant contact and not holad by occupant contact (6) Glazing out-of-place by occupant contact and holad by occupant contact (7) Glazing ramoved prior to accident (8) Glazing disintagrated by occupant contact (9) Unknown if contacted by occupant

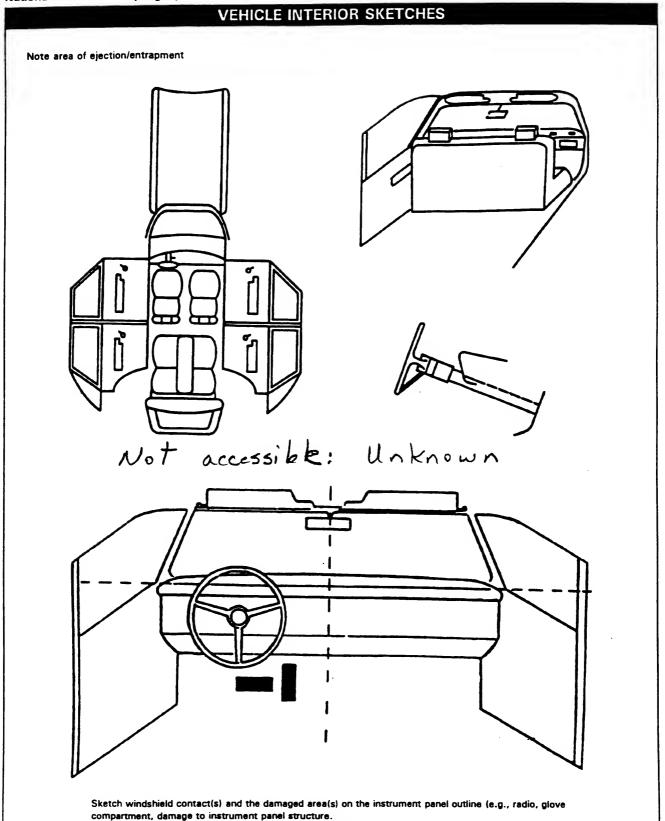


			occu	PANT AF	REA INTRUSION
Note	: If no intrusion	ns, leave varial	bles IV47-IV	/86 blank.	INTRUDING COMPONENT
	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left (03) Instrument panel center
1st	47. <u>9</u> 9	48. <u>9</u> 9	49. <u>9</u>	50. <u>99</u>	(O4) Instrument panel right (O5) Toe pan (O6) A (A1/A2)-pillar (O7) B-pillar
2nd	51	52	_ 53	54	(08) C-pillar (09) D-pillar (10) Side panel - forward of the A1/A2-pillar (11) Door panel (side)
3rd	55	56	57	58	(12) Side panel - rear of the B-pillar (13) Roof (or convertible top) (14) Roof side rail (15) Windshield
4th	59	60	61	62	(16) Windshield header (17) Window frame (18) Floor pan (includes sill) (19) Backlight header
5th	63	64	65	66	(20) Front seat back (21) Second seat back (22) Third seat back (23) Fourth seat back
6th	67	68	69	70	(24) Fifth seat back (25) Seat cushion (26) Back door/panel (e.g., tailgate) (27) Other interior component (specify):
7th	71	72	_ 73	74	Exterior Components
8th	75	76	77	78	(30) Hood (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment
9th	79	80	81	82	(specify):
10th	83	84	85	86	(specify): (99) Unknown
LOCA	TION OF INTRI	USION			MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters
(nt Seat 11) Left 12) Middle 13) Right	Fourth (41) (42) (43)	Left Middle		 (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters
(:	cond Seat 21) Left 22) Middle 23) Right	(98)	Catastroph Other enclo area (speci	sed	(6) ≥ 61 centimeters(7) Catastrophic(9) Unknown
(;	rd Seat 31) Left 32) Middle 33) Right	(99)	Unknown		DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown

	G RIM/SPOKE DEFO			
	All Measurements Are in Centimet			
COMPARISON VALUE -	DAMAGE VALUE	=	DEFORMATION	
		=		
-		=		
		=		
-		=		
None	Visible			
			P	

Page 3

STEERING COLUMN	INSTRUMENT PANEL
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):	92. Odometer Reading Milometers
88. Tilt Steering Column Adjustment (0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown	Source: 93. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown 94. Type of Knee Bolster Covering (0) No knee bolster
89. Telescoping Steering Column Adjustment (0) No telescoping steering column (1) Full back (2) Between full back and midpoint (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown	(1) Padded (2) Rigid plastic (8) Other (specify): (9) Unknown 95. Knee Bolsters Deformed from Occupant Contact? (0) No knee bolster (1) No deformation (2) Yes - deformation
90. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown	(9) Unknown 96. Did Glove Compartment Door Open During Collision(s)? (0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown
91. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown	97. Adaptive (Assistive) Driving Equipment (0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.) [] Hand controls for braking/acceleration [] Steering control devices (attached to OEM steering wheel [] Steering knob attached to steering wheel [] Low effort power steering (unit or device) [] Replacement steering wheel (i.e., reduced diameter) [] Joy-stick steering controls [] Wheelchair tie-downs [] Modification to seat belts (specify): [] Additional or relocated switches (specify): [] Raised roof [] Wall-mounted head rest (used behind wheelchair) [] Other adaptive device (specify): (9) Unknown



Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

		POI	NIS OF OCC	UPANT CONTACT		
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical I	Evidence	Confidence Level of Contact Point
Α						
В						
D						<u> </u>
E						
F						
G						
Н						
1						
J						
К			+			1 .
						
L						
M						<u> </u>
N						1
(006) Steering of codes of codes Steering column, to selector i strachme (008) Cellular tradio Add on a deck, air Left instrubelow (011) Center in below (012) Right instrubelow (013) Glove co (014) Knee bold (015) Windshie mora of theader, Ainstrumer steering is side only (016) Windshie more of theader, Ainstrumer (passang (017) Windshie more of theader, Ainstrumer (passang (017) Windshie more of the column (01	wheel hub/spoka wheel (combination 004 and 005) ransmission ever, other int elephone or CB quipment(a.g., tape conditioner) ument panel and strument panel and trument penal end impertment door star Id including one or the following: front a (A1/A2)-pillar, nt penal, mitror, or assembly (driver	(052) Laft (053) Left (054) Left (055) Laft (055) Laft (056) Laft (057) Laft (058) Left (059) Laft inclusion (101) Righ axcl	side herdwara or est A (A1/A2)-pillar B-piller or left piller (apecify): sida window glass side window frame side window slll side window slll side window gless eding one or mora of the wing: frame, window A (A1/A2)-pillar, B-pillar, of side rail. or left side object cify): Et aide interior aurfece, uding herdware or rests t aide hardware or rest at A (A1/A2)-piller	(205) Roof or convertible top	(412) Other edepti (apecify):	iect (specify): IVE) DRIVING

MANUAL RESTRAINTS

Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below NOTES: Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page. Left Center Right Availability F Evidence of usage Used in this crash? R **Proper Use** S Failure Modes Anchorage Adjustment **Availability** Evidence of usage SECOND Used in this crash? Proper Use Failure Modes **Anchorage Adjustment** Availability Evidence of usage 0 T Used in this crash? Н Proper Use Ε Failure Modes R Anchorage Adjustment Manual (Active) Belt Systam Availability Shoulder Belt Upper Anchorage Adjustment Proper Use of Manual (Active) Belts (0) None available None used or not available (0) (0) No shoulder belt (1) Belt removed/destroyed (1) Belt used properly (1) No upper anchorage adjustment for (2) Shoulder belt Belt used properly with child safety (2) shoulder bett (3) Lap belt seat (4) Lap and shoulder belt Adjustable shoulder Belt Upper (5) Belt available - type unknown Belt Used Improperly Anchorage (3) Shoulder belt worn under arm (2) In full up position Integral Belt Partially Destroyed In mid position (4) Shoulder belt worn behind back or (3) (6) Shoulder belt (lap belt (4)In full down position destroyed/removed) (5) Belt worn around more than one (5) Position unknown (7) Lap belt (shoulder belt person (9) Unknown if position has adjustable destroyed/removed) (6) Lap belt worn on abdomen upper anchorage adjustment (8) Other belt (specify): Lap belt or lap and shoulder belt (7) used improperly with child safety (9) Unknown saat (specify): (8) Other improper use of manual belt Manual (Active) Belt System Use system (specify): (00) None used, not available, or belt removed/destroyed (9) Unknown (01) Inoperable (specify): (02) Shoulder belt Manual (Active) Belt Failura Modes During (03) Lap belt Accident (04) Lap and shoulder belt (0) No manual belt used or not available (05) Belt used - type unknown (1) No manual belt failure(s) (80) Other belt used (specify): Torn webbing (stretched webbing (2) not included) (12) Shoulder belt used with child safety (3) Broken buckle or latchplate (4)Upper anchorage separated (13)Lap belt used with child safety seat Other anchorage separeted (5) Lap and shoulder belt used with (14)(specify): child safety seat (6)**Broken retractor** (15) Belt used with child safety seat (7) Combination of above (specify): type unknown (18)Other belt used with child safaty Other manual belt failure (specify): (8) seat (specify): (99) Unknown if belt used Unknown

AUTOMATIC RESTRAINTS NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant **AIR BAGS** Assessment Form. Left Front Right Front Other Availability/Function O Deployment R Failure Air Bag(s) Deployment, Other Than First Air Bag System Availability/Function Frontal Air Bag System Deployment Seat Frontal (This Occupant Position) (0) Not equipped/not available (This Occupant Position) (0) Not equipped with an *other* air bag (0) Not equipped/not available (1) Air bag (1) Deployed during accident (as a result (1) Deployed during accident (as a result of impact) of impact) Non-functional (2) Deployed inadvertently just prior (2) Deployed inadvertently just prior to (2) Air bag disconnected (specify): to accident accident (3) Deployed, details unknown (3) Air bag not reinstalled (3) Deployed, accident sequence (4) Deployed as a result of a undetermined (9) Unknown (4) Deployed as a result of a noncollision noncollision event during accident Are There Indications of Air Bag sequence (e.g., fire, explosion, event during accident sequence (e.g., fire, explosion, electrical) electrical) System Failure? (This Occupant Position) (0) Not equipped/not available (5) Unknown if deployed (5) Unknown if deployed (7) Nondeployed (7) Nondeployed (1) No (9) Unknown (2) Yes (specify): (9) Unknown (9) Unknown **AUTOMATIC BELTS** Right Left Availability/Function F O Use വ ഠ R Type S O Proper Use Failure Modes Proper Use of Automatic (Passive) Belt Automatic (Passive) Belt Failure Modes Automatic (Passive) Belt System **During Accident** Availability/Function System (0) Not equipped/not available/not used (0) Not equipped/not available/not in use (0) Not equipped/not available (1) No automatic belt failure(s) (1) 2 point automatic belts (1) Automatic belt used properly Automatic belt used properly with (2) Torn webbing (stretched webbing not (2) 3 point automatic belts (3) Automatic belts - type unknown child safety seat included) (3) Broken buckle or latchplate Automatic Belt Used Improperly (4) Upper anchorage separated Non-functional (4) Automatic belts destroyed or (3) Automatic shoulder belt worn under (5) Other anchorage separated (specify): arm rendered inoperative (9) Unknown (4) Automatic shoulder belt worn behind (6) Broken retractor back (7) Combination of above (specify): Automatic (Passive) Belt System Use Automatic belt worn around more (8) Other automatic belt failure (specify): (0) Not equipped/not available/destroyed than one person (9) Unknown or rendered inoperative (6) Lap portion of automatic belt worn (1) Automatic belt in use on abdomen (7) Automatic lap and shoulder belt or (2) Automatic belt not in use (manually disconnected, motorized track automatic shoulder belt used improperly (3) Automatic belt use unknown with child safety seat (specify): (9) Unknown (8) Other improper use of automatic belt Automatic (Passive) Balt Systam Type system (0) Not equipped/not available (specify): (9) Unknown (1) Non-motorized system (2) Motorized system (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver end first seet passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	0	Q
Flaps open at tear points?	0	9
Flaps damaged?	0	0
Air bag damaged?	00	00
Source of air bag damage	00	00
Air bag tethered?	0	0
Air bag have vent ports?	0	O
Other occupant contact air bag?	0	0
Occupant wearing eyewear?	<u></u> ව	0

Type of Air Bag

- (O) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (O) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Wera Air Bag Modula Cover Flap(s) Damaged?

- (O) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned (07) Abraded
- (88) Other damage (specify):
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Sourca of Air Bag Damaga

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vant Ports?

- (O) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

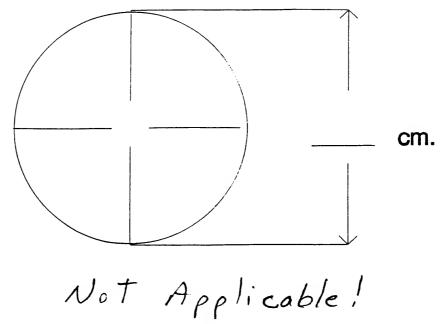
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Waaring Eye-waar?

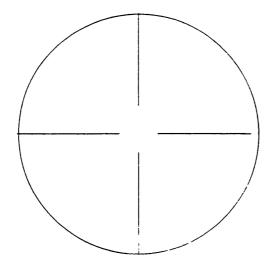
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



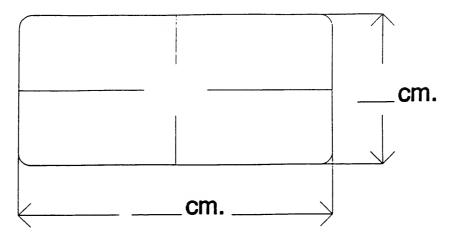
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



(DOUBLE) a. Upper Flap b. Lov width (Wu) wid height (Hu) hei	dth (W _L)		
H, W, ——	Ļ		
4. SKETCH OF OTHER TYPE OF AIR B FLAP AND SIZE	AG MODULE	5. SKETCH OF OTHER TYPE PORTS	OF AIR BAG VENT
	N_{ℓ}	A	
6. SKETCH LOCATION OF CIRCULAR PORTS	AIR BAG VENT		
11 12 1			

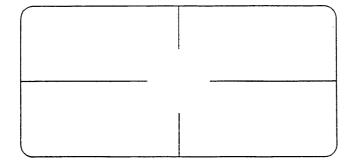
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



PASSENGER AIR BA	G SKETCHES (Cont'd)			
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE) a. Flap width (W) height (H) W 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE	4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE) a. Upper Flap width (W _U) height (H _U) Height (H _U) H, H, H, H, H, H, H, H, H, H			
7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS 10 11 12 1 2 9 3 8 7 6 5 4	<i>Y Y</i>			

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

3. SKETCH AIR BAG MODU	LE FLAP AND SIZE OR OPENING FOR AIRBAG	
	.) / []	
	N/A	
4. SKETCH AIR BAG VENT F	PORTS	

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
	Head Restraint Type/Damage	1		
F <u>I</u>	Seat Type	01		01
	Seat Performance	/		9
R S	Seat Orientation	1		<u> </u>
T	Seat Track Position	9		9
	Seat Back Incline Pre/Post Impact	01		ó1
	Head Restraint Type/Damage			
s	Seat Type			
E C	Seat Performance			
0	Seat Orientation			
N D	Seat Track Position		*	
	Seat Back Incline Pre/Post Impact			
	Head Restraint Type/Damage	:		
т	Seat Type			
Ĥ	Seat Performance			
Ŕ	Seat Orientation			
D	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
	Head Restraint Type/Damage			
0	Seat Type			
H	Seat Performance			
E R	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position Position)

- (O) No head restraints
- (1) Integral no damage(2) Integral damaged during accident
- (3) Adjustable no damage(4) Adjustable damaged during accident
- (5) Add-on no damage
- (6) Add-on damaged during accident
- Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- **Bucket**
- (02) Bucket with folding back
- (03) Bench
- Bench with separate back (04)cushions
- Bench with folding back(s)
- Split bench with separate (06)back cushions
- Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant

- (0) Occupant not seated or no seat
- No seat performance failure(s)
- Seat adjusters failed
- Seat back folding locks or "seat back" failed (specify):
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- Rear facing seat
- Side facing seat (inward) Side facing seat (outward) (3) (4)
- (8) Other (specify):
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adiustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post impact

(00) Occupant not seated or no seat

(01) Not adjustable

- Upright prior to impact (11) Moved to completely rearward position
- Moved to rearward midrange position
- Moved to slightly rearward (13)position
- Retained pre-impact position
- Moved to slightly forward (15)position
- (16)Moved to forward midrange position
- Moved to completely forward (17)position

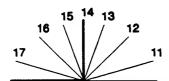
Slightly reclined prior to impact

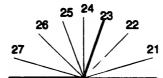
- (21) Moved to completely rearward position
- (22)Moved to rearward midrange position
- (23)Retained pre-impact postion
- Moved to upright position (24)
- (25)Moved to slightly forward position
- (26) Moved to forward midrange position
- (27)Moved to completely forward position

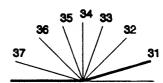
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32)Moved to rearward midrange position
- (33)Moved to slightly rearward position
- Moved to upright position
- Moved to slightly forward (35)position
- (36)Moved to forward midrange
- position Moved to completely forward
- (99) Unknown

position







Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

	EJECTION/ENTRAPMENT DA	ATA
Complete the following if the resear in the vehicle. Code the appropriate	cher has any indication that an occupe data on the Occupant Assessment	pant was either ejected from or entrapped Form.
EJECTION No [X Yes [Describe indications of ejection and) body parts involved in partial ejectio	n(s):
Occupant Number		
Ejection		
(Note on Vehicle Interior Sketch)		
Ejection Area		
Ejection Medium		
Medium Status		
Ejection	(7) Roof	(5) Integral structure
(1) Complete ejection	(8) Other area (e.g., back of	(8) Other medium (specify):
(2) Partial ejection (3) Ejection, Unknown degree	pickup, etc.) (specify):	(9) Unknown
(9) Unknown	(9) Unknown	(5) STRIIGHT
Physical Association		Medium Status (Immediately Prior
Ejection Area (1) Windshield	Ejection Medium (1) Door/hatch/tailgate	to impact) (1) Open
(2) Left front	(2) Nonfixed roof structure	(2) Closed
(3) Right front	(3) Fixed glazing	(3) Integral structure
(4) Left rear	(4) Nonfixed glazing (specify):	(9) Unknown
(5) Right rear (6) Rear		
ENTRAPMENT No [Yes		
Describe entrapment mechanism:		
Component(s):		
(Note in vehicle interior diagram)		

	HILD SAFE	IY SEAT	FIE	LD ASS	ESSIMENT		
When a child safety seat is po the occupant's number using	resent enter the the codes list	e occupant's ed below. C	omp	ber in the f lete a colu	irst row and c mn for each o	omplete the co	lumn below at present.
Occupant Number							
Type of Child Safety Seat	_ <	Jot		An	oli c	able	/
2. Child Safety Seat Orientation							
Child Safety Seat Harness Usage							
4. Child Safety Seat Shield Usage							
5. Child Safety Seat Tether Usage							
Child Safety Seat Make/Model		Spec	ify B	elow for E	ach Child Safe	ety Seat	
1. Type of Child Safety Sea	t		4.	Child Saf	ety Seat Shie	ld Usage	
 (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safe 	ty seat (specify	v):	5.	Note: Op (OO) No Not Design	child safety so	Are Used for Valeat eat ness/Shield/Te	ther
(8) Unknown child safety seat type (9) Unknown if child safety seat used			 (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added 				
Child Safety Seat Orienta (OO) No child safety seat				(09) Unk		ther added ess/shield/tethe	er
Designed for Rear Facing This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (s				Designed (11) Har (12) Har	With Harness ness/shield/te ness/shield/te	s/Shield/Tether ther not used ther used ess/shield/tethe	
(09) Unknown orientation Designed for Forward Factoring Age/Weight (11) Rear facing				(21) Hari (22) Hari	ness/shield/te ness/shield/te	With Harness/S ther not used ther used ess/shield/tethe	
(11) Forward facing (12) Forward facing (18) Other orientation (s	pecify):					safety seat us	ed
(19) Unknown orientation	n		6.	Child Safe (Specify i	ety Seat Make nake/model a	e/Model nd occupant n	umber)
Unknown Design or Orien Age/Weight, or Unknown (21) Rear facing (22) Forward facing (28) Other orientation (sp	Age/Weight						
(29) Unknown orientation	1						
(99) Unknown if child sa 3. Child Safety Seat Harness	fety seat used s Usage						

Appendix F:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number / O	Interviewee(s) Role or Name(s): DRIVER
2. Case Number - Stratum 9 5 1 6	
3. Vehicle Number	
Poviow all available information and interview 0	uestions prior to conducting interview(s) to ensure the
acquisition of all pertinent data.	
	as an appointment made for a follow-up interview?
DRIVER'S DESCR	IPTION OF ACCIDENT EVENTS
I was going EA	1st Straight Across I had
SOP SIGN I WASN'	+ sure of the route the
Kids helpåd me M	y first time on route. I
started from stop	looked both ways out
of corner of my	eye I saw other veh as
She was about +	to hit. We hit bus sha
SIDE ways almost	tipping us over until
we hit telephone	pole uprighting bus. When
we stopped I told	1 Kids to come up to front
single file and &	xIT bus one of Kds RAN
back to open DAS	s Door of VAn to get drive
out, then he yell	ed tire.
·	
OCCUPANT'S DESC	CRIPTION OF ACCIDENT EVENTS
Police bld me tr	nut the VANS gas line broke
from hood being ca	eumpted back when It went
under us Police s	AID If bus tANK was empt
w/ fymes it won	ld have caught fire
All the Kids went	
	TONS TO ASK INTERVIEWEE
I notice tire look	TONG TO AGE.
came to stop.	7 0 0 1 1 1
City Control of the C	
1	

	ACCIDENT DIAGRAM		
		The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.	
	NORTH		
*			
		•	
•			

C	RASH DATA INFORMATION			
IF POSSIBLE OB	TAIN THIS INFORMATION FROM THE DRIVER:			
SOURCE OF INFORMATION:	Driver [] Other occupant [] Relative/friend			
In which direction were you traveling?	[] North [] South [] East [] West (Or where were they coming from or going to?)			
What lane were you in?	Note: lane 1 is the right curb lane			
What was the condition of the roadway?	Dry [] Wet [] Snow [] Slush [] Ice [] Sand, dirt, oil [] Other (specify)			
What was the weather like? (Check all that apply)	i No adverse conditions [] Rain [] Fog [] Sleet [] Hail [] Snow [] Other (specify)			
Was there any type of sign or signal present? (check all that apply)	Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) Stop sign [] Yield sign [] School zone sign [] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: [] Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: [] Miscellaneous control (including railroad controls) specify: [] None [] Unknown			
If a traffic control device was present, was it functioning properly at the time of the crash?	No traffic control device present Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: Functioning properly Unknown			
Can you estimate your travel speed before the crash? (in mph)	[] Stopped			
Just before the crash, what were you doing or intending to do? (check all that apply)	[Going straight [] Stopped [] Turning left [] Turning right [] Slowing [] Accelerating [] Backing [] Changing lanes to right [] Other (specify): [] Changing lanes to left			
Did vehicle lose control due to weather or mechanical problems?	No . [] Unknown [] Yes (describe)			
Did driver take avoidance actions? [] Yes (Check all that apply) → [] No [] Unknown	[] Braking with lock-up			
Where was vehicle at time of collision?	Original travel lane [] Different travel lane [] In intersection [] Off roadway to left [] Other (specify):			
Can you estimate your travel speed at the time of collision? (in mph)	[]Stopped []11-20 []31-40 []51-60 []70+ [1-10 D []21-30 []41-50 []61-70 []Unknown			
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	[] Stopped [] 11-20 [] 31-40 [] 51-60 [] 70+ K[1-10 D [] 21-30 [] 41-50 [] 61-70 [] Unknown FIRST ONE W/VAN the second One w/ the whilety Pole			
What race does the driver consider themself?	White [] American Indian, Eskimo or Aleut, Asian or Pacific Islander [] Black [] Other (specify):			
Is the driver of Hispanic origin?	No [] Yes [] Unknown			

VEHICLE INFORMATION					
ROLLOVER DATA					
DID THIS VEHICLE ROLL OVER DU	JRING THE CRASH?				
[] YES - ASK THE FOLLOW [] NO SKIP TO "FIRE DA [] UNKNOWN SKIP TO "	WING QUESTIONS ITA" BELOW FIRE DATA" BELOW				
Describe where the rollover began	[] On roadway [] On shoulder [] Unknown	[] On roadside or median			
What caused the vehicle to roll over?	[] Other vehicle (specify vehicle number) [] Contact to object (specify): [] Other cause (specify): [] Unknown				
Which direction did the vehicle roll?	[] Toward the right (passenger side) [] Toward the left (driver side) [] End-over-end [] Unknown				
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	Number of quarter turns [] Unkn	own			
When the vehicle stopped rolling over, which side was in contact with the ground?	[] Left side [] Right side [] Unknown	[] Top [] Wheels			
4. /	FIRE DATA				
DID THIS VEHICLE EXPERIENCE A [X] YES ASK THE F [OLLOWING QUESTIONS ECTION				
Describe where the fire started, or where the smoke was first seen	[] Under the hood [] Behind the instrument panel [] In the passenger compartment	[] In the trunk/cargo area [] Under the vehicle From other involved vehicle [] Unknown			
Did the fire start with the electrical system?	No [] Yes (specify): [] Unknown				
Did the fire start with the fuel system?	No [] Yes (specify): [] Unknown				
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	[4] Fuel lines [7] Engine compartment (specify com [8] Unknown	ponent if known)			
Describe any additional rollover or FIRE STARTED FROM					

ADDITI	ONAL VEHICLE INFORMATION
IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:	Year: 19 Make:
What is the year, make and model of your vehicle?	Model:
Was there any damage to the vehicle that is not related to this crash?	[] Unknown School bus yard
Did any of the doors or hatch come open during the crash?	No Yes - describe: Unknown
Did any of the windows break during the crash?	[] No Yes - describe: [] Unknown
Were any windows open (O) or partially open (P) prior to the crash?	[] No [] Yes* * "O" = open
	[] Unknown
Did the glove compartment door come open during the crash?	[] No [] Yes - describe: W/A
Was there any cargo in the vehicle at the time of the crash?	[] Unknown [] No [] Yes - describe: Approximate weight pounds W Unknown 26 Students + backpacks
Approximate mileage on the vehicle?	miles [] Unknown
If you have not inspected the vehicle or permission is needed and for the look at their vehicle to a test the damage and assertain the ollowing.	
Detail any notes, questions to ask directions to vehicle location here	HILEIVIEWEE (I.E., 163686 POISSING Gamage to termolo, o.

Special Crash Invi	STIGATION ADDENDUM: DRIVER INFORMATION
Do you recall the type of development in the area of the crash?	[] Residential [] Commercial [] Industrial [] Agricultural [] Undeveloped [] School [] Other:
What were the weather conditions at the time of the crash?	Clear (no clouds, no precipitation) Cloudy (partially cloudy, no precipitation) Discrete (full cloud cover, no precipitation) Discrete (full cloud cover) Discrete (full cloud cover)
What was the type of precipitation?	[] No precipitation [] Unknown [] Raining [] Freezing rain [] Sleeting [] Snowing [] Hailing
What was the condition of the road surface?	[] Dry [] Wet [] Snowy, slushy [] Icy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown
How would you describe the amount of traffic at the time of the crash?	[] Heavy [] Moderate [X] Light [] No other traffic present
What is your occupation?	[] Professional [] Technical [] Government official [] Management [] Proprietors [] Sales [] Clerical [] Craftsman and foreman [] Service worker [] Student [] Farmers and farm-managers [] Farm labors and foreman [] Private household worker [] Housewife [] Other: Bus Driver
How long have you driven this vehicle?	Years: / DAy
How many miles do you think that you have driven it in the last 12-month period?	Miles: 10,000 in Azvt VEIT 28,000 in Buses
How often do you drive this particular roadway?	[] Daily [] Twice weekly [] Once weekly [] Twice monthly [] Once monthly [X] Very infrequently [] First time on road
Where were you coming from just prior to the crash?	[] Home [] Work [] School [] Shopping [] Social/recreational [] Restaurant Picking [] Personal business [] Other:
Where were you intending to go when the crash occurred?	[] Home [] Work 5 fudents [] School [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other:

ow many people were in your vehicle at the ti	DRIVER	OCCUPANT #	OCCUPANT #
Where was this person sitting in the vehicle? Front Laft (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Sacond Right (2R) Third Laft (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
What is the Sex, Height, Weight, and Age of each occupant?	M F - Not pregnent F - Pregnant - # of months F - Unk. if pregnant HEIGHT: 55 140 AGE: 58	[] M [] F - Not pregnant [] F - Pregnant - # of months [] F - Unk. if pregnant HEIGHT: WEIGHT: AGE:	[] M [] F - Not pregnant [] F - Pregnant - # or months [] F - Unk. if pregnant HEIGHT: WEIGHT: AGE:
Describe how occupant was seated A) Kneeling or standing on seet B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H Unknown	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or edjusting a control (specify hand on wheel end control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding e cellular phone (specify location end type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

	DRIVER	OCCUPANT #	OCCUPANT #
Was your / their back up against the seat back?	[] No (describe) [X] Yes [] Unknown	[] No (describe) [] Yes [] Unknown	[] No (describe) [] Yes [] Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	Not adjustable Seat all the way forward Between forward and middle At middle position Between middle and rear position Seat all the way rearward Unknown	Not adjustable Seat all the way forward Between forward and middle At middle position Between middle and rear position Seat all the way rearward Unknown	[] Not adjustable [] Seat all the way forward [] Between forward and middle [] At middle position [] Between middle and rear position [] Seat all the way rearward [] Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	Not adjustable Completely upright Slightly reclined Completely reclined	Not adjustable Completely upright Slightly reclined Completely reclined	[] Not adjustable [] Completely upright [] Slightly reclined [] Completely reclined
If this seat position has an adjustable seat back, where was the seat back loc⊲ted after impact?	Not adjustable Did not move (retained original position) Did not move (retained original position) Did not move (retained Did not move (retained Did not move (retained Did not move (retained Did not move (retained) Did not	[] Not adjustable [] Did not move (retained original position) [] Completely reclined [] Slightly reclined [] Completely upright [] Slightly forward of upright [] Completely forward [] Unknown	[] Not adjustable [] Pid not move (retained criginal position) [] Completely reclined [] Slightly reclined [] Completely upright [] Slightly forward of upright [] Completely forward [] Unknown
[] No [] Yes - describe type:	ny of the following? (aning to another occupant (sping object in vehicle (specify); on a cellular phone (specify); control (specify); Dor cassette player (specify); or object in vehicle (specify); side person, object, or event (specify);	hicle, flip phone, etc.) y driver distractions without in the ck all that apply - and spece ecify): : y):	

REST	RAINT INFORMAT	TION	
	DRIVER	OCCUPANT #	OCCUPANT #
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position — describe if removed or not functional.	[] Unknown [X] Lap belt [] Shoulder belt [] Lap & Shoulder [] Not available * * Describe:	[] Unknown [] Lap belt [] Shoulder belt [] Lap & Shoulder [] Not available * * Describe:	[] Unknown [] Lap belt [] Shoulder belt [] Lap & Shoulder [] Not available * * Describe:
	[] Unknown [X] No [] Yes * * If "Yes", were they working properly? [] Yes [] No (describe):	[] Unknown [] No [] Yes * * If "Yes", were they working properly? [] Yes [] No (describe):	[] Unknown [] No [] Yes * * If "Yes", were they working properly? [] Yes [] No (describe):
Dos my of the contraction of the	[] Unknown [⋉] No [] Yes * * If "Yes", does it cross: Chest Lap Both	[] Unknown [] No [] Yes * * If "Yes", does it cross: Chest Lap Both	[] Unknown [] No [] Yes * * If "Yes", does it cross: Chest Lap Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	[] No [X] Yes [] Unknown	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown
SKIP THE FOLLOWI	a to be the transportation of the second of		NORN
Whate years for it was rivery our circle duction of occupantics) we arrive.			To strough
Howard the promise in		Officers	inje Lije Ke ur nau
However the choules about situated as	(Other Appendix)		ité Occadente. F. Unico discour. F. Bohnd. L G. Bohnd. C (c) Other (opedhy)

	DRIVER	OCCUPANT #	OCCUPANT #
Was any part of your body thrown outside the vehicle during the crash?	No No No No No No No No No No No No No N	[] No [] Yes * [] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	[] No [] Yes * [] Unknown * if "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	[X] No [] Yes physically pinned jammed doors fire, etc. [] Unknown Detail any entrapment	[] No [] Yesphysically pinnedjammed doorsfire, etc. [] Unknown Detail any entrapment	[] No [] Yesphysically pinnedjammed doorsfire, etc. [] Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [X Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown
Further describe any ejection, entrapment	nt, or mobility informs	ntion here:	

	AIR BAG INFORM	IATION			
WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG? [] YES (IF "YES" COMPLETE THIS SECTION)					
[X] NO [] UNKNOWN	(IF "NO" OR "I	UNKNOWN" SKIP TH	IS SECTION)		
	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT #	"OTHER" AIR BAG SPECIFY: OCCUPANT #		
Had this vehicle been in any previous crashes? [Prior crash without deployment One prior crash with deployment > 1, with at least one deployment Previous accident(s) unknown if deployed	 Prior crash without deployment One prior crash with deployment > 1, with at least one deployment Previous accident(s) unknown if deployed 	 Prior crash without deployment One prior crash with deployment > 1, with at least one deployment Previous accident(s) unknown if deployed 		
	IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED	IF PRIOR DEPLOYMENT Output O	IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED		
Type of air bag?	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown		
Had any prior maintenance / service been performed on the air bag system?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No []Unknown [] Yes - Specify:		
Did the air bag inflate during this crash?	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk		
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:		
Was the air bag in this position contacted by another occupant?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:		
Describe any additional information here:					

[X] NO []	DRIVER	I (IF "NO" OR "UNKNOWN OCCUPANT #	OCCUPANT #		
Manufacturer and model of he safety seat?					
Type of safety seat?		[] Infant [] Toddler [] Convertible [] Booster [] Integral [] Other Specify:	[] Infant [] Toddler [] Convertible [] Booster [] Integral [] Other Specify:		
What direction was it facing prior to the crash?		[] Unknown [] Front [] Rearward [] Unknown	[] Front [] Rearward [] Unknown		
Was a seat belt used to nold the seat in place?		[] No [] Yes [] Unknown	[] No [] Yes [] Unknown		
How was the seat belt secured to the child seat?		 [] Looped through designated rear framing studs [] Looped through arm rest slots [] Belt across safety shield [] Looped through rear frame outside the designated framing struts [] Other (specify): [] Unknown 	Looped through designated rear framing studs Looped through arm rest slots Belt across safety shield Looped through rear frame outside the designated framing struts Other (specify): Unknown		
What was the safety seat equipped with at time of purchase?		[] Harness [] Shield [] Tether [] Unknown	[] Harness [] Shield [] Tether [] Unknown		
Were any of these added after they owned the safety seat? [] Harness [] Harness [] Shield [] Shield [] Tether [] Tether [] None [] None [] Unknown [] Unknown					
Describe any additiona	l informatio	on here:			

INJURY INFORMATION				
	DRIVER	OCCUPANT #	OCCUPANT #	
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail	Yes	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown	
▶ If "NO" ask next questions				
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	[] Cuts [] Abrasions Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):	 [] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify): 	
The sale of majority is	e esta disputiblică Strict des lot antis		IEGKEDS VIKINGPACEES	
Did you (or any other occupants) receive any medical treatment? (check all that apply)		[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	
Were you (or any other occupants) hospitalized?	No Yes - number of days	[] No [] Yes - number of days [] Unknown	[] No [] Yes - number of days [] Unknown	
Were you (or any other occupants) treated and released from the emergency room?	[] No Yes [] Unknown	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown	
Name of medical treatment facility?	HOSP			
Have you (or any other occupants) received any follow-up treatment?	No Yes - describe: See bottom of page	[] No [] Yes - describe:	[] No [] Yes - describe:	
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	[] No [] Not working prior to crash [] Yes - number of days [] Unknown	[] No [] Not working prior to crash [] Yes - number of days	[] No [] Not working prior to crash [] Yes - number of days [] Unknown	
IF REQUIRED: Will you sign a medical release?	No [] Yes* [] Unknown	[] No [] Yes* [] Unknown	[] No [] Yes* [] Unknown	
* If not an in-person interview, make appointment to have release signed	DATE: TIME: PLACE:	DATE: TIME: PLACE:	DATE: TIME: PLACE:	

PSU Number / O

Case Number-Stratum 75/6

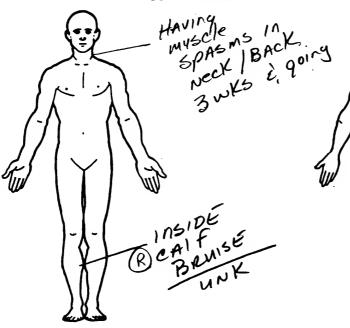
Vehicle Number <u>O /</u> Occupant Number <u>O /</u>

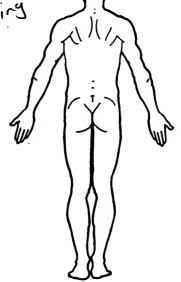
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

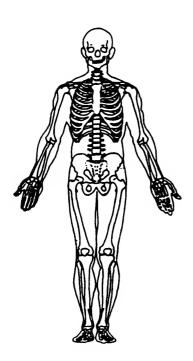
DRIVER

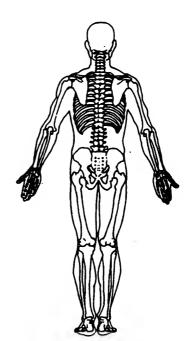
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





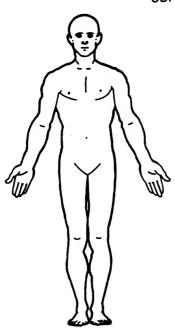
PSU Number / O Case Number - Stratum ___

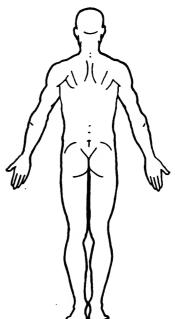
Vehicle Number ___ Occupant Number _

INJURY DATA FROM INTERVIEWEE(S)

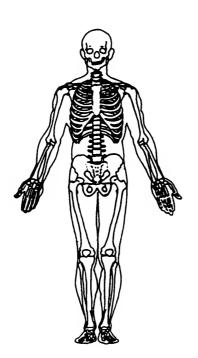
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):_____

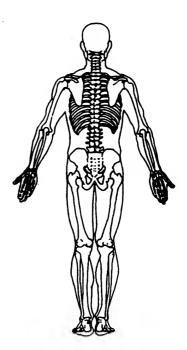
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES



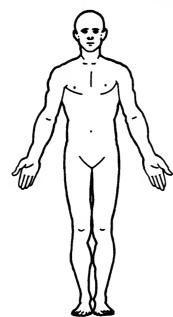


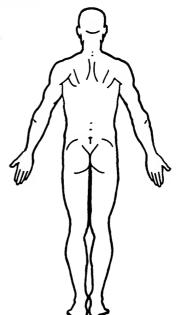
PSU Number / O Case Number - Stratum _____ Vehicle Number ___ Occupant Number ___

INJURY DATA FROM INTERVIEWEE(S)

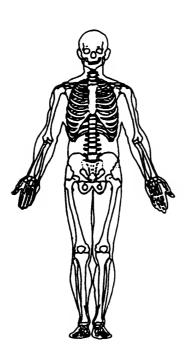
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

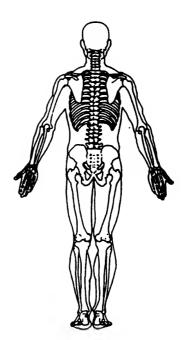
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





Appendix G:

ABBREVIATED NASS CDS INTERVIEW FORMS: CASE VEHICLE OCCUPANTS

According to the Police Accident Report, nine students on the case vehicle were injured as a result of the crash. Of these nine students, only one had a listed telephone number. This contractor created a abbreviated questionnaire, based on the NASS CDS Interview Form, and mailed one to each of student's parents at the address listed on the Police Accident Report. Only two of the nine questionnaires were returned. None of the questionnaires were returned by the postal service for incorrect address. Both of the returned questionnaires contained a signed medical release.



U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERVIEW FORM SUPPLEMENT NATIONAL ACCIDENT SAMPLING SYSTEM

1. Primary Sampling Unit Number			CIA	SHWORTHINESS DATA SY
OCCUPANT DATA QUESTIONS OCCUPANT # OCCUPANT # OCCUPANT # Where was this person sitting in the vehicle? Front Left (FL) Second efft (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Media (3M) Other: Third Middle (3M) (SPECIFY in block) Date of birth Weight, weight, and Age of each occupant? Date of birth Rescribe how occupant was seated Kneeling or standing on seat Lying on or across seat Kneeling standing or sitting in front of seat Sitting alloways, turned to side or back Sitting alloways, turned to side or back Sitting is dieways, turned to side or back Sitting is dieways, turned to side or back Sitting is dieways, turned to side or back Sitting on console Lying back in reclined position OCCUPANT # OCCUPANT # OCCUPANT # OCCUPANT # OCCUPANT # OCCUPANT # I M I F - Not pregnant I F	Primary Sampling Unit Number	O Interviewee(s) F		
OCCUPANT DATA QUESTIONS OCCUPANT # OCCUPANT # OCCUPANT # OCCUPANT # OCCUPANT # I M I F · Not pregnant I F · Not pregnant I F · Pregnant * # of months months months Occupant I F · Not pregnant I F · N	2. Case Number - Stratum 95/			
Where was this person sitting in the wehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other: Third Middle (3M) (SPECIFY in block) What is the Sex, Height, Weight, and Age I	2 1/1:1 1/2	/		
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Second Middle (2M) Second Middle (2M) Second Middle (2M) Front Right (FR) Second Right (2R) Third Middle (3M) (SPECIFY in block) What is the Sex, Height, Weight, and Age feach occupant? What is the Sex, Height, Weight, and Age feach occupant? Month Date Age: Month Date (Middle (3M) Fregnant 1	OCCI	IBANT DATA OU	- CTIONS	
Where was this person sitting in the vehicles. Front Left (FL) Second Veft (2L) Front Middle (FM) Second Middle (2M) Second Middle (2M) Second Middle (2M) Second Right (2R) Third Left (3L) Other: Third Middle (3M) (SPECIFY in block) What is the Sex, Height, Weight, and Age f each occupant? What is the Sex, Height, Weight, and Age f each occupant? WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: WEIGHT: I Leaning to left [] Leaning to right [] Sitting upright [] Unknown	0000	SPANT DATA QUI	25 HONS	
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Second Mid		OCCUPANT # 6	OCCUPANT #	OCCUPANT #
Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Put X In Second Right (2R) Other: Chird Middle (3M) Chird Left (3L) Other: Chird Middle (3M) Chird Right (3R) Other: Chird Middle (3M) Chird Right (3R) Chird Right (3R) Chird Righ	Where was this person sitting in the vehicle?	582		
Third Middle (3M) (SPECIFY in block) Third Right (3R)	Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R)	of page 2 Put x in		
What is the Sex, Height, Weight, and Age If - Not pregnant If - Pregnant - # of months	hird Middle (3M) (SPECIFY in block)	seat		
I I I I I I I I I I		F - Not pregnant F - Pregnant - # of	[] F - Not pregnant [] F - Pregnant - # of	[F - Not pregnant [F - Pregnant - #
WEIGHT: 103 WEIGHT: 103 WEIGHT: 103 WEIGHT: MAGE: AGE: AGE: AGE: AGE: AGE: AGE: Leaning to left [] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Kneeling, standing or sitting in front of seat Sitting on console Lying back in reclined position Other (specify) WEIGHT: MEIGHT:	Vhat is the Sex, Height, Weight, and Age feach occupant?	[] F - Unk. if pregnant		months [] F - Unk. if pregna
Month Date VR AGE: AGE: A	Date of birth		HEIGHT:	NEIGHT:
AGE: AGE:		K 1	WEIGHT:	WEIGHT:
Kneeling or standing on seat Lying on or across seat Kneeling, standing or sitting in front of seat Sitting sideways, turned to side or back Sitting on console Lying back in reclined position Other (specify) [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Leaning to right [] Indicate all letters that apply and describe if other than above Indicate all letters that apply and describe if other than above Indicate all letters that apply and describe if other than above Indicate all letters that apply and describe if other than above Indicate all letters that apply and describe if other than above		AGE:	AGE:	AGE:
Sitting on console Lying back in reclined position Other (specify) Apply and describe if other than above other than above other than above	Kneeling or standing on seat Lying on or across seat Kneeling, standing or sitting in front of seat	Leaning to right Sitting upright Unknown	[] Leaning to right [] Sitting upright [] Unknown	[] Learling to left [] Leaning to right [] Sitting upright [] Unknown
	Sitting on console Lying back in reclined position Other (specify)	apply and describe if	apply and describe if	Indicate all letters that apply and describe if other than above
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS	OCCUPANT'S DE	ESCRIPTION OF A C	/	

OCCUPAN	T DATA QUESTION	S (continued)	
	OCCUPANT # _6	OCCUPANT #	OCCUPANT #/
Describe feet and hands/arms location just prior to impact (indicate all that apply) FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	1 1		
Was your / their back up against the seat back?	[] No (describe) [← Yes [] Unknown	[No (describe) [] Yes [] Unknown	[] No (describe) [] Yes [] Unknown
	FIRE DATA		
DID THIS VEHICLE EXPERIENCE A I	LLOWING QUESTIONS		
Describe where the fire started, or	[] Under the hood [] Behind the instrument pa () In the passenger compar	nel [4thder t	ther involved vehicle
Did the fire start with the electrical	[WNo Yes (specify): Unknown		
Did the fire start with the fuel system?	[] No [] Yes (specify): ☑️Unknown		
ASI (F F F F	i finakards I fuddinas I finance jamaniana arg Unimaria	Operative agription can be a few	ovaj
Describe any additional rollover or file of time of Electrical power line	impact.		
LIEUVICAL DOWEL JIP	res down		

	DRIVER	OCCUPANT #	OCCUPANT #
Was any part of your body thrown outside the vehicle during the crash?	No Yes * Unknown	No Yes * Unknown	[] No [] Yes * [] Unknown
and vernote during the crash?	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	of If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
	/		
Was anyone pinned in the vehicle?	[\sqrt{1} No	[] No [] Yes physically pinned jammed doors fire, etc.	[] No [] Yes physically pinned jammed doors fire, etc.
	Detail any entrapment	Detail any entrapment	[] Unknown Detail any entrapment
How did you [and other occupant(s)] exit he vehicle?	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to njuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown
urther describe any ejection, entrapment	, or mobility informat	ion here:	
			·

PLEASE MARK YOUR CHILD'S SEAT POSITION

Front of School Bus

Driver's Seat	Aisle	Bus Door
	First Row	
	Second Row	
	Third Row	
	Fourth Row	
	Fifth Row	
	Sixth Row	
	Seventh Row	
	Eighth Row	
	Nineth Row	
	Tenth Row	<u>I</u> X
	Eleventh Row Emergency Door	

Back of School Bus

	INJURY INFO	RMATION	
	OCCUPANT # 6	OCCUPANT #	OCCUPANT # /
Were you (or any other occupants) injured? If "YES" go to manikin page and record injuries in detail If "NO" ask next questions	[] No [リ Yes [] Unknown	[No [Yes [] Unknown	[] No [] Yes [] Unknown
Did you (or any other occupants receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	Pruises Broken bones Head, skull, brain Internal injury Sprains, strains Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull brain [] Internal injury [] Sprains, strains [] Other (specify):
STANKE DE STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL	HATTAN GENATEUR GLACHOUEL WOLAND	URES ANY BOXES OF	HERKED SELECTION
Did you (or any other occupants) receive any medical treatment? (check all that apply)	Hospital Medical clinic Paramedics at scene Doctor's office Treated by self mom	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown
Were you (or any other occupants) hospitalized?	[] No [] Yes - number of days	[] No [] Yes - number of days	[/] No Yes - number of days
Were you (or any other occupants) treated and released from the emergency room?	[] No [/ Yes [] Unknown	[] No [] Yes [] Unknown	(\) No [\] Yes [\] Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	I No IN Yes - describe: ICE ON DOCKIAM NO physical Ed. For 6-10 days I Uhknown	[] No [] Yes - describe:	[] No [] Yes- describe:
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	[] No [] Not working prior to crash [/ Yes - number of days [] Unknown	[] No [] Not working prior to crash [] Yes -number of days [] Unknown	[] No [] Not working prior to crash [] Yes - number of days [] Unknown
IF REQUIRED: Will you sign a medical release?	[No [] Yes*	[] No [] Yes* [] Unknown	[] No [] Yes* [] Unknown
* If not an in-person interview, make appointment to have release signed	DATE: TIME: PLACE:	DATE:	DATE: TIME: PLACE:

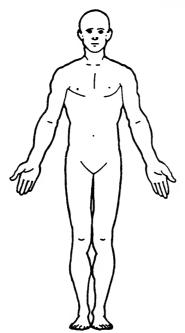
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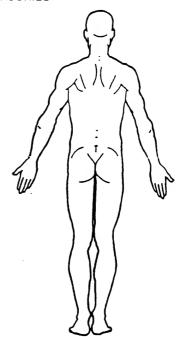
Occupant Number 06

INJURY DATA FROM INTERVIEWEE(S)

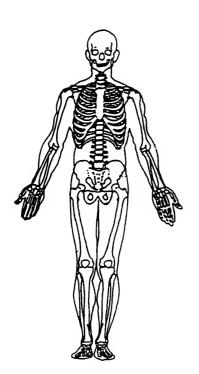
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

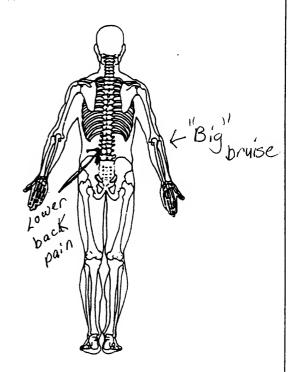
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES







U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERVIEW FORM SUPPLEMENT NATIONAL ACCIDENT SAMPLING SYSTEM

2. Case Number - Stratum 9 5 / 3. Vehicle Number OCCU	PANT DATA QUE		
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other: Third Middle (3M) (SPECIFY in block) Third Right (3R)	occupant # 7 SEE backside of page 2. Put x in seat position.		OCCUPANT #
What is the Sex, Height, Weight, and Age of each occupant? Date of birth Month Date yR Describe how occupant was seated	F - Not pregnant F - Pregnant - # of months F - Unk. if pregnant HEIGHT: 49" WEIGHT: 110 lbs	[] M [] F - Not pregnant [] F - Pregnant - # of months [] F - Unk. if pregnant HEIGHT: WEIGHT: AGE:	F - Not pregnant F - Pregnant - # of months F - Unk. if pregnant NEIGHT: WEIGHT: AGE:
A) Kneeling or standing on seat Lying on or across seat Kneeling, standing or sitting in front of seat Sitting sideways, turned to side or back Sitting on console Lying back in reclined position Other (specify) Unknown	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to left [] Leaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above
OCCUPANT'S DE	SCRIPTION OF AC	CIDENT EVENTS	

OCCUPANT	DATA QUESTION	S (continued)	
	OCCUPANT #	OCCUPANT #	OCCUPANT#/
Describe feet and hands/arms location just prior to impact (indicate all that apply)	Indicate all letters that apply and further describe as needed	indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
A) On floor or foot controls B) One or both on dash	A		
C) One or both on seat D) Other (specify) E) Unknown			
HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or			
adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone)			
Holding a cellular phone (specify location and type of phone) Bracing with one or both hands	丁 丁		
K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown			
Was your / their back up against the seat back?	[] No (describe) [Yes [] Unknown	[No (describe) [] Yes] Unknown	[] No (describe) [] Yes [] Unknown
3. /	FIRE DATA		
DID THIS VEHICLE EXPERIENCE A FIF	OWING QUESTIONS		
[] NO SKIP THIS SECT [] UNKNOWN SKIP TH			
Describe where the fire started, or	Under the hood Behind the instrument pa In the passenger compar	anel [] Under 1	ther involved vehicle
Did the fire start with the electrical	No Yes (specify): Unknown		
Did the fire start with the fuel system?	No Yes (specify): Unknown		
SYSUEM Which part of the call vision may	(ang sign) agg (mg) agg (companie) Unionym Unionym	Opedkyeomporemejski	rovýn
Describe any additional rollover or fire	information here:		

EJECTION, ENTRAPMENT, MOBILITY INFORMATION					
	DONES	N accuracy #			
Was any part of your body thrown outside the vehicle during the crash?	DRIVER [No [] Yes * [] Unknown	OCCUPANT #	OCCUPANT #		
	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	* If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.		
Was anyone pinned in the vehicle?	No Yes	[] No [] Yes physically pinned jammed doors fire, etc. [] Unknown	[] No [] Yes		
	Detail any entrapment	Detail any entrapment	Detail any entrapment		
How did you [and other occupant(s)] exit the vehicle?	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to njuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown		
Further describe any ejection, entrapment	, or mobility informat	ion here:			

PLEASE MARK YOUR CHILD'S SEAT POSITION

Front of School Bus

Driver's Seat	JE 1	Aisle		Bus Door
		First Row		
		Second Row [
		Third Row [
		Fourth Row		
		Fifth Row [(0.15)	
		Sixth Row		
		Seventh Row		
		Eighth Row		
		Nineth Row		LX
		Tenth Row		
		Eleventh Row Emergency Door		

Back of School Bus

INJURY INFORMATION								
	OCCUPANT # 7	OCCUPANT #	OCCUPANT #					
Were you (or any other occupants) injured? If "YES" go to manikin page and record injuries in detail	[] No [▼ Yes [] Unknown	[No [] Yes [] Unknown	[] No [] Yes [] Unknown					
► If "NO" ask next questions								
Did you (or any other occupants receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	Bruises Broken bones Head, skull, brain Internal injury Sprains, strains Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal/injury [] Sprains, strains [] Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull/brain [] Internal injury [] Sprains, strains [] Other (specify):					
DETAIL WHURY LE	GNATAINED ANN INC BLATAINED ANN INCI	uries (any bankes e: Source on che has	Hely Picture					
Did you (or any other occupants) receive any medical treatment? (check all that apply)	[Hospital [] Medical clinic [Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown					
Were you (or any other occupants) hospitalized?	No Yes - number of days	[] No [] Yes - number of days	[/] No [] Yes - number of days					
	[] Unknown	[] Unknown	[] Unknown					
Were you (or any other occupants) treated and released from the emergency room?	[] No [Yes [] Unknown	[] No [] Yes [] Unknown	No No Yes Unknown					
Name of medical treatment facility?								
Have you (or any other occupants) received any follow-up treatment?	[] Vos - describe:	[] No [] Yes - describe:	[] No [] Yes- describe:					
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	[] No [] Not working prior to crash Yes - number of days Unknown	[] No [] Not working prior to crash [] Yes -number of days [] Unknown	[] No [] Not working prior to crash [] Yes - number of days [] Unknown					
IF REQUIRED: Will you sign a medical release?	[] No [Yes* [] Unknown	[] No [] yes* [] Unknown	[] No [] Yes* [] Unknown					
* If not an in-person interview, make appointment to have release signed	DATE: TIME: PLACE:	DATE:	DATE: TIME: PLACE:					

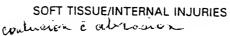
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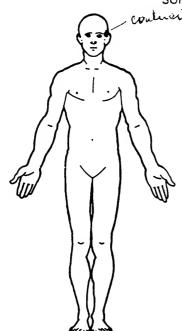
Case Number—Stratum 95/6 Vehicle Number 0/

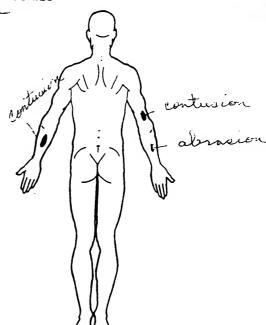
Occupant Number <u>0</u>7

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Occupant +

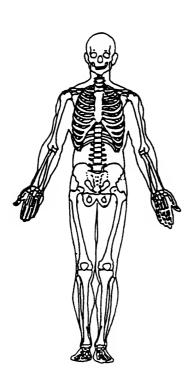
Parent(s)

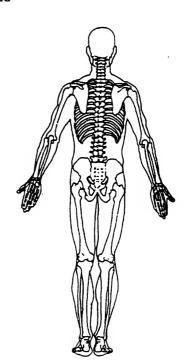






SKELETAL INJURIES





Appendix H:

NASS CDS INTERVIEW FORM: VEHICLE #2 DRIVER

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number / O	Interviewee(s) Role or Name(s):
2. Case Number - Stratum 9516	
3. Vehicle Number <u>O</u> <u>Q</u>	
Review all available information and interview q acquisition of all pertinent data.	questions prior to conducting interview(s) to ensure the
If the driver was not the person interviewed, w	as an appointment made for a follow-up interview?
DRIVER'S DESCR	IPTION OF ACCIDENT EVENTS
I was N/B on	RD QS I
Approached intersec	tion the bus pulled out
and Kept going. G	across
I was only A	pout 3 can leng 1ts
from intersection w	hen she pulled out
M. day black was	Collaway and she saw
My gaughter was	
tire as soon a	of Fromer bus stanted
to top hit pole.	
TO TEP THE POLE	543 Tipea birton in Inches
I crawled out	open (R) front window
	COURTING OF ACCIDENT FUENTS
OCCUPANT'S DESC	CRIPTION OF ACCIDENT EVENTS
	· · · · · · · · · · · · · · · · · · ·
SPECIFIC QUEST	IONS TO ASK INTERVIEWEE

	ACCIDENT DIAG		
		The use of this diagram is opt serve to aid in relating intervient trajectory data (i.e., pre-imparorientations) to identifiable observironment.	ional. It may wee accider at to FRP ects in the
	NORTH		
·			

CI	RASH DATA INFORMATION
IF POSSIBLE OB	TAIN THIS INFORMATION FROM THE DRIVER:
SOURCE OF INFORMATION:	Driver [] Other occupant [] Relative/friend
In which direction were you traveling?	North [] South [] East [] West (Or where were they coming from or going to?)
What lane were you in?	[X 1 []2 []3 []4 []Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	Dry [] Wet [] Snow [] Slush [] Ice [] Sand, dirt, oil [] Other (specify)
What was the weather like? (Check all that apply)	No adverse conditions [] Rain [] Fog [] Sleet [] Hail [] Snow [] Other (specify)
Was there any type of sign or signal present? (check all that apply)	Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) [] Stop sign [] Yield sign [] School zone sign [] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: [] Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: [] Miscellaneous control (including railroad controls) specify: [] Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	No traffic control device present Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: Functioning properly Unknown
Can you estimate your travel speed before the crash? (in mph)	[] Stopped [] 11-20 3 ^D [] 31-40 [] 51-60 [] 70+ [] 1-10 [] 41-50 [] 61-70 [] Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	Going straight [] Stopped [] Turning left [] Turning right [] Slowing [] Accelerating [] Backing [] Changing lanes to right [] Other (specify): [] Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	No [] Unknown [] Yes (describe)
Did driver take avoidance actions? [X] Yes (Check all that apply) → [] No [] Unknown	[] Braking with lock-up [] Accelerating []Other (specify): Braking without lock-up [] Steering left Releasing brakes [] Steering right
Where was vehicle at time of collision?	Original travel lane [] Different travel lane [] In intersection [] Off roadway to left [] Other (specify):
Can you estimate your travel speed at the time of collision? (in mph)	[]Stopped []11-20 25 []31-40 []51-60 []70+ []1-10 [X121-30 []41-50 []61-70 []Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	
What race does the driver consider themself?	
Is the driver of Hispanic origin?	No [] Yes [] Unknown

	VEHICLE INFORMATION	
	ROLLOVER DATA	
DID THIS VEHICLE ROLL OVER DU [] YES ASK THE FOLLOW [] NO SKIP TO "FIRE DA	WING QUESTIONS	
() UNKNOWN SKIP TO "	·	() On any distance and the
Describe where the rollover began	[] On roadway [] On shoulder [] Unknown	[] On roadside or median
What caused the vehicle to roll over?	[] Other vehicle (specify vehicle number [] Contact to object (specify):	
Which direction did the vehicle roll?	[] Toward the right (passenger side) [] Toward the left (driver side) [] End-over-end [] Unknown	
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	Number of quarter turns [] Unkr	nown
When the vehicle stopped rolling over, which side was in contact with the ground?	[] Left side [] Right side [] Unknown	[] Top [] Wheels
· · · · · · · · · · · · · · · · · · ·	FIRE DATA	
DID THIS VEHICLE EXPERIENCE A YES - ASK THE F NO - SKIP THIS S UNKNOWN - SKIP	OLLOWING QUESTIONS ECTION	
Describe where the fire started, or where the smoke was first seen	Under the hood Behind the instrument panel In the passenger compartment	[] In the trunk/cargo area [] Under the vehicle [] From other involved vehicle [] Unknown
Did the fire start with the electrical system?	XINo [] Yes (specify): [] Unknown	
Did the fire start with the fuel system?	[] No X Yes (specify): [] Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	[] Fuel tank [] Fuel lines [] Engine compartment (specify con [] Unknown	sponent if known)
Describe any additional rollover or		
started almost	simultaneously to	impact.

,
,
inoshield
e open "P" = partially open LF P RF] LR] RR Roof] Other
my daughters clothes s Appliances, this
s Appliances sverythia
scue personnel damage to vehicle) or

Special Crash Inve	STIGATION ADDENDUM: DRIVER INFORMATION
Do you recall the type of development in the area of the crash?	[] Residential [] Commercial [] Industrial [] Agricultural [] Undeveloped [] School [] Other:
What were the weather conditions at the time of the crash?	 [X] Clear (no clouds, no precipitation) [] Cloudy (partially cloudy, no precipitation) [] Overcast (full cloud cover, no precipitation) [] Precipitating [] Unknown
What was the type of pre- cipitation?	[X] No precipitation [] Unknown [] Raining [] Freezing rain [] Sleeting [] Snowing [] Hailing
What was the condition of the road surface?	[X] Dry [] Wet [] Snowy, slushy [] Icy [] Other (e.g., sand, dirt, oil on surface, etc.) [] Unknown
How would you describe the amount of traffic at the time of the crash?	[] Heavy [] Moderate [] No other traffic present
What is your occupation?	[] Professional [] Technical [] Government official [] Management [] Proprietors [] Sales [] Clerical [] Craftsman and foreman [] Service worker [] Student [] Farmers and farm-managers [] Farm labors and foreman [] Private household worker [] Other:
How long have you driven this vehicle?	Years: 3 Months:
How many miles do you think that you have driven it in the last 12-month period?	Miles: 5000
How often do you drive this particular roadway?	[] Twice weekly [] Once weekly [] Twice monthly [] Once monthly [] Very infrequently [] First time on road
Where were you coming from just prior to the crash?	[X] Home [] Work [] School [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other:
Where were you intending to go when the crash occurred?	[] Home [] Work [X] School College [] Shopping [] Social/recreational [] Restaurant [] Personal business [] Other:

ow many people were in your vehicle at the t	DRIVER	OCCUPANT #	OCCUPANT #
Where was this person sitting in the vehicle? Front Laft (FL) Second Left (2L) Front Middle (FM) Sacond Middle (2M) Front Right (FR) Second Right (2R) Third Laft (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		·
What is the Sex, Height, Weight, and Age of each occupant?	[] M [] F - Not pragnant # of months [] F - Unk. if pragnant HEIGHT:	[] M [] F - Not pregnant [] F - Pregnant - # of months [] F - Unk. if pregnant HEIGHT: WEIGHT: AGE:	[] M [] F - Not pregnant [] F - Pregnant - # of months [] F - Unk. if pregnan HEIGHT: WEIGHT: AGE:
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H Unknown	[] Leaning to left [] Leaning to right	[] Laaning to left [] Laaning to right [] Sitting upright [] Unknown Indicate all letters that apply and describe if other than above	[] Leaning to laft [] Laaning to right [] Sitting upright [] Unknown Indicata all letters that apply and describe if other than above
Describe feet and hands/arms location just prior to impact (indicate all that apply) FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on staering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and	Indicate all letters that apply and further describe as needed Both on Africa	Indicate all letters that apply and further describe as needed	Indicata all latters that apply and further dascriba as needed
type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown Describe any additional information here	2:		

	DRIVER	OCCUPANT #	OCCUPANT #
Was your / their back up against the seat back?	[] No (describe) X Yes [] Unknown	[] No (describe) [] Yes [] Unknown	[] No (describe) [] Yes [] Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	Not adjustable [] Seat all the way forward [] Between forward and middle [] At middle position [] Between middle and rear position [] Seat all the way rearward [] Unknown	Not adjustable Seat all the way forward Between forward and middle At middle position Between middle and rear position Seat all the way rearward Unknown	[] Not adjustable [] Seat all the way forward [] Between forward and middle [] At middle position [] Between middle and rear position [] Seat all the way rearward [] Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	Not adjustable Completely upright Slightly reclined Completely reclined	[] Not adjustable [] Completely upright [] Slightly reclined [] Completely reclined	[] Not adjustable [] Completely upright [] Slightly reclined [] Completely reclined
If t'iis seat po∺ition has an ⊣djustable seat <i>back,</i> where was the seat <i>back</i> loc≈ted after impact?	Not adjustable [] Did not move (retained original position) [] Completely reclined [] Slightly reclined [] Completely upright [] Slightly forward of upright [] Completely forward [] Unknown	[] Not adjustable [] Did not move (retained original position) [] Completely reclined [] Slightly reclined [] Completely upright [] Slightly forward of upright [] Completely forward [] Unknown	[] Not adjustable [] Pid not move (retained criginal position) [] Completely reclined [] Slightly reclined [] Completely upright [] Slightly forward of upright [] Completely forward [] Unknown
No Yes - describe type: _	any of the following? (coning to another occupant (sping object in vehicle (specify) g on a cellular phone (specify)	hicle, flip phone, etc.) y driver distractions without in heck all that apply - and speci ecify):	•
 Addressing radio, C Using other desic Sloap, / asleep () 	CD or cassatte player (specify e or object in vehicle (specify specify): side person, object, or event (specify):	/):	

	DRIVER	OCCUPANT #	OCCUPANT #
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position — describe if removed or not functional.	[] Unknown [] Lap belt [] Shoulder belt [Lap & Shoulder [] Not available * * Describe:	[] Unknown [] Lap belt [] Shoulder belt [] Lap & Shoulder [] Not available * * Describe:	[] Unknown [] Lap belt [] Shoulder belt [] Lap & Shoulder [] Not available * * Describe:
Ten de la contraction de la co	[] Unknown [X] No [] Yes *	[] Unknown [] No [] Yes *	[] Unknown [] No [] Yes *
	* If "Yes", were they working properly? [] Yes [] No (describe):	* If "Yes", were they working properly? [] Yes [] No (describe):	* If "Yes", were they working properly? [] Yes [] No (describe):
Ormografia solucium 11 (17 minus 1800) 11 (17 minus 1800)	[] Unknown [X No [] Yes * * If "Yes", does it cross: Chest Lap Both	[] Unknown [] No [] Yes * * If "Yes", does it cross: Chest Lap Both	[] Unknown [] No [] Yes * * If "Yes", does it cross: Chest Lap Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	[] No [X] Yes [] Unknown	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown
SKIP THE FOLLOWI	NG IF NO SEA	T BELT WAS V	VORN
	Antenna		
វិទីវិវ ជាមិនពីសម្រើវាស់ផ្លែងប្រើបាន ន		v. fixed tr. fixed Days Back Charles	
		Pitry (Decay)	(a) Other (specify):

EJECTION, ENT	RAPMENT, MOBILITY	INFORMATION	
	DRIVER	OCCUPANT #	OCCUPANT #
Was any part of your body thrown outside the vehicle during the crash?	No No Nest * No Nest *	[] No [] Yes * [] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	[] No [] Yes * [] Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	[X] No [] Yes physically pinned jammed doors fire, etc. [] Unknown Detail any entrapment	[] No [] Yes physically pinned jammed doors fire, etc. [] Unknown Detail any entrapment	[] No [] Yes physically pinned jammed doors fire, etc. [] Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [X Exited under own power [] Fully ejected [] Unknown	[] Fatal before removed Removed while unconscious or disoriented Removed due to injuries Exited with some assistance Exited under own power Fully ejected Unknown	[] Fatal before removed [] Removed while unconscious or disoriented [] Removed due to injuries [] Exited with some assistance [] Exited under own power [] Fully ejected [] Unknown
Further describe any ejection, entrapment	at, or mobility informa	tion here: PASS W	in Jow

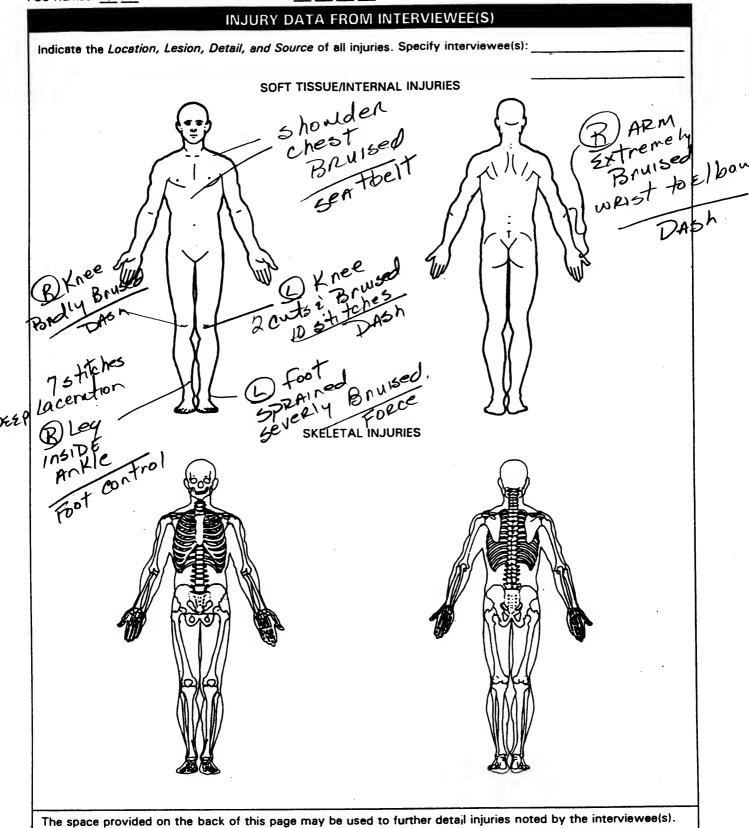
	AIR BAG INFORM	IATION	
WAS THIS VEHICLE EVER EQUI	PPED WITH AN AIR E LETE THIS SECTION)		
[X] NO [] UNKNOWN	(IF "NO" OR "	UNKNOWN" SKIP TH	IS SECTION)
	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT #	"OTHER" AIR BAG SPECIFY:
Had this vehicle been in any previous crashes? [] NO [] YES - continue to right [] UNKNOWN - go to box below	[] Prior crash without deployment [] One prior crash with deployment [] > 1, with at least one deployment [] Previous accident(s) unknown if deployed	[] Prior crash without deployment [] One prior crash with deployment [] > 1, with at least one deployment [] Previous accident(s) unknown if deployed	[] Prior crash without deployment [] One prior crash with deployment [] > 1, with at least one deployment [] Previous accident(s) unknown if deployed
	IF PRIOR DEPLOYMENT [] CHECK IF NOT REINSTALLED	IF PRIOR DEPLOYMENT CHECK IF NOT REINSTALLED	IF PRIOR DEPLOYMENT. [] CHECK IF NOT REINSTALLED
Type of air bag?	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown	[] Original equipment [] Retrofitted [] Replacement [] Unknown
Had any prior maintenance / service been performed on the air bag system?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No []Unknown [] Yes - Specify:
Did the air bag inflate during this crash?	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk	[] Yes []Unknown [] No If "NO" was the wiring disconnected prior to the crash? [] Yes [] No [] Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	Do No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:
Was the air bag in this position contacted by another occupant?	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:	[] No [] Unknown [] Yes - Specify:
Describe any additional informat	tion here:		

What direction was it facing prior to the crash? Was a seat belt used to hold the seat in place?	OCCUPANT #	[] Infant [] Toddler [] Convertible [] Booster [] Integral [] Other Specify: [] Unknown [] Front [] Rearward [] Unknown [] Yes [] Unknown
What direction was it facing prior to the crash? Was a seat belt used to mold the seat in place?	Toddler Convertible Booster Integral Unknown IRearward INO Yes Unknown	[] Toddler [] Convertible [] Booster [] Integral [] Other Specify: [] Unknown [] Front [] Rearward [] Unknown [] No [] Yes
What direction was it facing prior to the crash? Was a seat belt used to mold the seat in place?] Front] Rearward] Unknown] No] Yes] Unknown	[] Front [] Rearward [] Unknown [] No [] Yes
Vas a seat belt used to nold the seat in place?] Rearward] Unknown] No] Yes] Unknown] Looped through designated rear	[] Rearward [] Unknown [] No [] Yes
hold the seat in place? How was the seat belt	Yes Unknown Looped through designated rear	[] Yes
How was the seat belt		
	framing studs [] Looped through arm rest slots [] Belt across safety shield [] Looped through rear frame outside the designated framing struts [] Other (specify):	Looped through designated real framing studs Looped through arm rest slots Belt across safety shield Looped through rear frame outside the designated framin struts Other (specify): Unknown
equipped with at time of purchase?	[] Harness [] Shield [] Tether [] Unknown	[] Harness [] Shield [] Tether [] Unknown
Were any of these added after they owned the safety seat?	[] Harness [] Shield [] Tether [] None [] Unknown	[] Harness [] Shield [] Tether [] None [] Unknown
Describe any additional information	n here:	

INJURY INFORMATION								
	DRIVER	OCCUPANT #	OCCUPANT #					
Were you (or any other occupants) injured? If "YES" go to manikin page and record injuries in detail If "NO" ask next questions	[] No Yes [] Unknown	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown					
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):	[] Cuts [] Abrasions [] Bruises [] Broken bones [] Head, skull, brain [] Internal injury [] Sprains, strains [] Other (specify):					
The Carlo of Asset Asset Con-	THE THE WAR	na sa sa sa sa sa sa sa sa sa sa sa sa sa	NIKII MPAGEG					
Did you (or any other occupants) receive any medical treatment? (check all that apply)	Hospital Hospital Hedical clinic Paramedics at scene Doctor's office Treated by self Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown	[] Hospital [] Medical clinic [] Paramedics at scene [] Doctor's office [] Treated by self [] Unknown					
Were you (or any other occupants) hospitalized?	No No Nes - number of days No Nes - number of days	[] No [] Yes - number of days [] Unknown	[] No [] Yes - number of days [] Unknown					
Were you (or any other occupants) treated and released from the emergency room?	No Yes [] Unknown	[] No [] Yes [] Unknown	[] No [] Yes [] Unknown					
Name of medical treatment facility?	Hos P							
Have you (or any other occupants) received any follow-up treatment?	[] No [] Yes - describe: — — — — [] Unknown	[] No [] Yes - describe:	[] No [] Yes - describe:					
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	No Not working prior to crash Yes - number of days Unknown	[] No [] Not working prior to crash [] Yes - number of days [] Unknown	[] No [] Not working prior to crash [] Yes - number of days [] Unknown					
IF REQUIRED: Will you sign a medical release?	[] No Yes* [] Unknown	[] No [] Yes* [] Unknown	[] No [] Yes* [] Unknown					
* If not an in-person interview, make appointment to have release signed	DATE: TIME: PLACE:	DATE: TIME: PLACE:	DATE: TIME: PLACE:					

PSU Number 10 Case Number-Stratum 9516 Vehicle Number 02

Occupant Number O



PSU Number / O

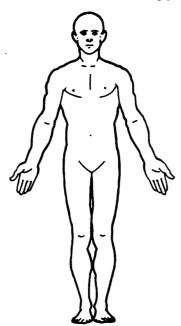
Case Number - Stratum ___

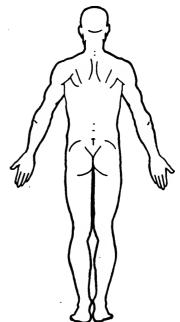
Vehicle Number ____ Occupant Number _

INJURY DATA FROM INTERVIEWEE(S)

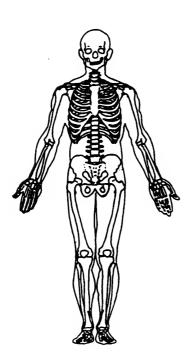
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):_____

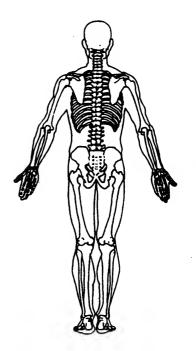
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number / O

Case Number - Stratum

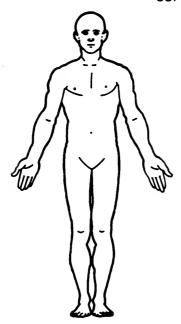
Vehicle Number

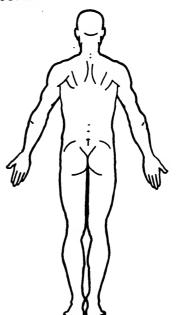
Occupant Number

INJURY DATA FROM INTERVIEWEE(S)

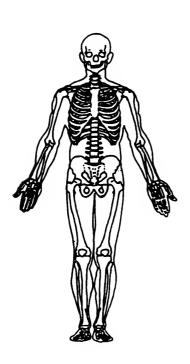
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s):

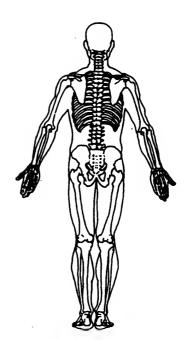
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix I:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

CRASHWORTHINESS DATA SYSTEM

NATIONAL ACCIDENT SAMPLING SYSTEM National Highway Traffic Safaty Administration **OCCUPANT'S SEATING** 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify): OCCUPANT'S CHARACTERISTICS (15) On or in the lap of another occupant Second Seat 5. Occupant's Age (21) Left side Code actual age at time of accident. (22) Middle (00) Less than one year old (specify by month): (23) Right side (24) Other (specify): (97) 97 years and older (25) On or in the lap of another occupant (99) Unknown Third Seat (31) Left side (32) Middle 6. Occupant's Sex d (33) Right side (1) Male (34) Other (specify): (2) Female-not reported pregnant (35) On or in the lap of another occupant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) Fourth Seat (5) Female-pregnant-3rd trimester(7th-9th month) (41) Left side (6) Female-pregnant-term unknown (42) Middle (9) Unknown (43) Right side (44) Other (specify): (45) On or in the lap of another occupant 165 7. Occupant's Height (97) In or on unenclosed area Code actual height to the nearest (98) Other seat (specify): centimeter. (99) Unknown (999) Unknown 65 inches x 2.54 = 165 centimeters 11. Occupant's Posture 8. Occupant's Weight (0) Normal posture Code actual weight to the nearest kilogram. Abnormal posture (999)Unknown (1) Kneeling or standing on seat (2) Lying on or across seat 140 pounds X .4536 = 63 kilograms (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (2) Passenger (7) Bracing with feet or hands on a surface in front (9) Unknown of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT									
12. Ejection (O) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown							
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	<u>O</u>	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or							
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	٥	(1) Removed from vehicle while unconscious of disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown							

BELT SYSTE	M FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt anchorage (5) Belt available—type unknown attachment Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment
(9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative
(03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown	(9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown
(18) Other belt used with child safety seat (specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available	25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown
(1) Belt used properly (2) Belt used properly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than
(8) Other improper use of manual belt system (specify): (9) Unknown	one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate	with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use
(4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown	(1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
	(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" eir bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - OOO Deployment Impact (000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (996) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM	HEA	AD RESTRAINT AND SEAT EVALUATION
	EVALUATION continued		
1	Source of Air Bag Damage	49. I	Head Restraint Type/Damage by Occupant Q
44. 5	Source of Air Bag Damage OO) Not equipped/not available	1 3	(0) No head restraints
	00) Not equipped/not available 01) Not damaged		(1) Integral—no damage
	01) Not damaged 02) Object worn by occupant, (specify):		(2) Integral—damaged during accident
, ,	02) Object World by occupant, toposity.		(3) Adjustable—no damage
1 1	03) Object carried by occupant, (specify):		(4) Adjustable—damaged during accident
, '	00) 00)00: 02::::00 2) 00:00pa:::0, 12/ 02 7:	1 7	(5) Add-on—no damage
1 (04) Adaptive/assistive controls, (specify):		(6) Add-on-damaged during accident
			(8) Other (specify):
(05) Fire in vehicle		
	06) Thermal burns		(9) Unknown
(07) Rescue or emergency efforts		
(88) Other damage source (specify):	50.	Seat Type (this Occupant Position)
		•	(00) Occupant not seated or no seat
(95) Damaged, unknown source		(01) Bucket
	96) Deployed, unknown if damaged		(02) Bucket with folding back
!	97) Not deployed	'	(03) Bench
	98) Unknown if deployed 99) Unknown		(04) Bench with separate back cushions (05) Bench with folding back(s)
, ,	JJ) UIKIUWII		(06) Split bench with separate back cushions
			(07) Split bench with folding back(s)
45. V	Was The Air Bag Tethered?		(08) Pedestal (i.e., column supported)
	Not equipped/not available	ł .	(09) Box mounted seat (i.e., van type)
	1) No		(10) Other seat type (specify):
(2) Yes (specify number of tether straps):		
Ι,	2) Depleyed upknown if tethered	1	(99) Unknown
	3) Deployed, unknown if tethered 7) Not deployed	1	1
1 ;	8) Unknown if deployed	51.	Seat Orientation (this Occupant Position)
	9) Unknown		(0) Occupant not seated or no seat
1	^		(1) Forward facing seat
46. [Did The Air Bag Have Vent Ports?	1	(2) Rear facing seat
	(0) Not equipped/not available	1	(3) Side facing seat (inward)
1 9	(1) No		(4) Side facing seat (outward)(8) Other (specify):
1 '	2) Yes (specify number of vent ports):]	(8) Other (specify).
1 ,	(3) Deployed, unknown if vent ports present	1	(9) Unknown
	(7) Not deployed		^ ·
1 7	(8) Unknown if deployed	52.	Seat Track Adjusted Position Prior To Impact
	(9) Unknown		(0) Occupant not seated or no seat
		1	(1) Non-adjustable seat track
47.	Was the Air Bag in this Occupant's Position 🔻 📿	1	
1 (Contacted by Another Occupant?		Adjustable Seat Track
	(0) Not equipped/not available		(2) Seat at forward most track position
	(1) No	[(3) Seat between forward most and middle track
1	(2) Yes (specify):		positions
	(O) Deployed uphnouse if other courses correct		(4) Seat at middle track position (5) Seat between middle and rear most track
1 '	(3) Deployed, unknown if other occupant contact		positions
1	to air bag (7) Not deployed		(6) Seat at rear most track position
	(7) Not deployed (8) Unknown if deployed		(9) Unknown
	(9) Unknown	1	10) Cimilatiii
), J	1	
48.	Was This Occupant Wearing Eye-wear?		
1	(0) Not equipped/not available	1	
	(1) No	1	
1	(2) Eyeglasses/sunglasses		
	(3) Contact lenses		
	(4) Deployed, unknown if eyewear worn	1	
	(7) Not deployed		
	(8) Unknown if deployed		
1	(9) Unknown	1	

HEAD RESTRAINT AND SEAT EVALUATION continued

53.	Seat	Back	Incline	Prior	and	Post	Impact	
-----	------	------	---------	--------------	-----	-------------	--------	--

- (00) Occupant not seated or no seat
- (O1) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

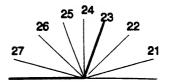
54. Seat Performance (this Occupant Position)

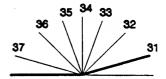
- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify):
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion, (specify):

(7) Combination of above (specify):

- (8) Other (specify):
- (9) Unknown







	CHILD SAF	ETY S	SEAT		
(000) No child safety seat	00	58. C	hild Safety	Seat Harness Usage	00
Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	S CDS	59. C	hild Safety	Seat Shield Usage	00
(997) Other make/model (specify): (998) Unknown make/model	_	60. C	hild Safety	Seat Tether Usage	00
(999) Unknown if child safety seat used		v	ariables O	ns below applicable to A58-OA60. Id safety seat	
56. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify) (8) Unknown child safety seat used	<u>0</u> :-	(0)	O1) After radded, O2) After r O3) Child s harnes O9) Unkno added	d With Harness/Shield market harness/shield narket harness/shield safety seat used, but a s/shield/tether added wn if harness/shield/t or used	tether used no after market ether
57. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/W (01) Rear facing (02) Forward facing (08) Other orientation (specify):	O O	() () () ()	12) Harnes 19) Unkno <i>Inknown If</i> 21) Harnes 22) Harnes 29) Unkno	ss/shield/tether used wn if harness/shield/t Designed With Harne ss/shield/tether not us ss/shield/tether used wn if harness/shield/t	ether used ss/Shield/Tether ed ether used
(09) Unknown orientation Designed For Forward Facing for This Ag (11) Rear facing (12) Forward facing (18) Other orientation (specify):	ge/Weight		99) ONKNO	wn if child safety sea	i useu
(19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used					

National Accident Sampling System-Crashworthiness Dat	a System: Occupant Assessment Form Page 1
INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) 5 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	(99) Unknown 65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	ORK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death 69. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given 73. Arterial Blood Gases (ABG) - HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
(97) Other result (includes fatal ruled disease) (specify):	BELT USE DETERMINATION
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used

Appendix J:

NASS CDS OCCUPANT INJURY FORM: CASE VEHICLE DRIVER



U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved 0.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S	90				Injury			
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidenc Level	Direct/ e Indirect Injury	Area Intrusion Number	
rvical painist	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>0 2</u>	9. <u>7</u> <u>8</u>	10. /	11. <u>6</u>	12.603	13. <u>3</u>	14. 3	15. <u>0</u> <u>C</u>	
intusion.	16. <u>7</u>	17. 8	18. 9 1	9. <u>0 4</u>	20. <u>O Z</u>	21. /	22/	23. <u>/ 6</u> <u>3</u>	24. 2	25. <u>/</u>	26. <u>O</u> C	
3rd	27	28	29 3	o. <u> </u>	31	32	33	34	35	36	37	
4th	38	39	40 4	1	42	43	44	45	46	47	48	
5th	49	50	51 5	2	53	54	55	56	57	58	59	
6th	60	61	62 6	з	64	65	66	67	68	69	70	
7th	71	72	73 7	4	75	76	77	78	79	80	81	
8th	82	83	84 8	5	86	87	88	89	90	91	92	
9th	93	94	95 9	6	97	98	99 1	100	101	102	103	
10th	104 1	105 1	106 10	17	109	100	110	111.	. 112	112	114	

				occi	JPANT I	NJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_		_			_	_		. —		. ——
12th		_	_			_	_		_	_	
13th	_	_	_			_	_		_		
14th	_	_	_				_		_		
15th	_	_	_			_			_	_	
16th	- .	_	_			_	_		_		
17th			_			_	_		_	_	
18th	_	_	_			_	_		_	_	
19th	_	_	_			_	_		_	_	
20th		_	_			_	_		-	_	
21st	_	_	_			_	_		_	_	
22nd	_	_					_			_	
23rd		_	_			_	_		_		
24th	_	_	_			_	_	———	· _		
25th			—				_		_		

DIRECT/INDIRECT INJURY

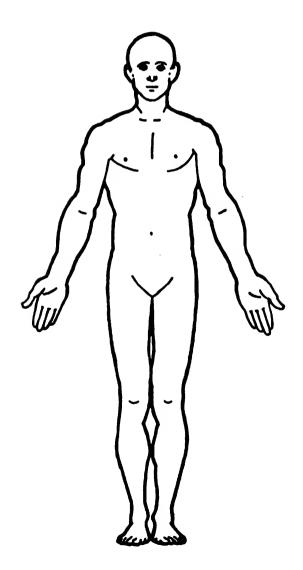
OCCUPANT INJURY CLASSIFICATION Aspect Level of Injury **Body Region** Specific Anatomic Structure Right Specific injuries are (1) Head (1) Left assigned consecutive (2)(2) Face (3) Bilateral two-digit numbers Neck Vessels, Nerves, Organs. (3)Bones, Joints are assigned (4)Central beginning with 02. Thorax (4) (5) Anterior Abdomen consecutive two digit (5)**Posterior** numbers beginning with To the extent possible, (6)(6)Spine within the organizational (7)Superior (7)**Upper Extremity** 02. Inferior Lower Extremity framework of the AIS, 00 (8) (8) Unknown is assigned to an injury (9) The exceptions to this rule (9)Unspecified Whole region (0) apply to: NFS as to severity or where only one injury is Whole Area (02) Skin - Abrasion given in the dictionary for Type of Anatomic that anatomic structure. Structure (04) Skin - Contusion 99 is assigned to any injury NFS as to lesion or (06) Skin - Laceration Whole Area (08) Skin - Avulsion severity. Vessels (2)(10) Amoutation (3) Nerves Organs (includes Abbreviated Injury Scale (20) Burn (4) Muscles/ligaments) (30) Crush Skeletal (includes (40) Degloving Minor Injury (5) (50) Injury - NFS (2) Moderate Injury joints) (6) Head - LOC (90) Trauma, other than (3) Serious Injury Severe Injury mechanical (4)(9) Skin Critical Injury (5)Head - LOC (6)Maximum (untreatable) (02) Length of LOC (7)Injured, unknown (04) Level severity (06) of (08) Consciousness (10) Concussion **Spine** (02) Cervical (04) Thoracic (06) Lumbar

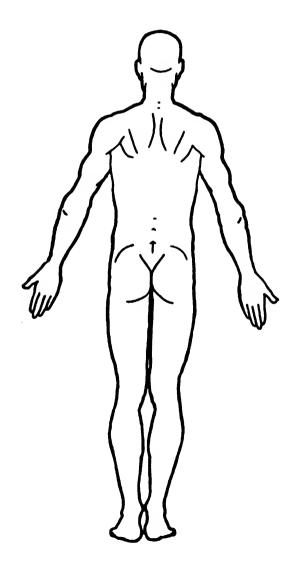
CONFIDENCE LEVEL OFFICIAL RECORDS (1) Autopsy records with or (1) Certain Direct contact injury without hospital/medical (2) Probable (2) Indirect contact injury records (3) Possible Noncontact injury (2) Hospital/medical records other (9) Unknown Injured, unknown source than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police

INJURY SOURCE

SOURCE OF INJURY DATA

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

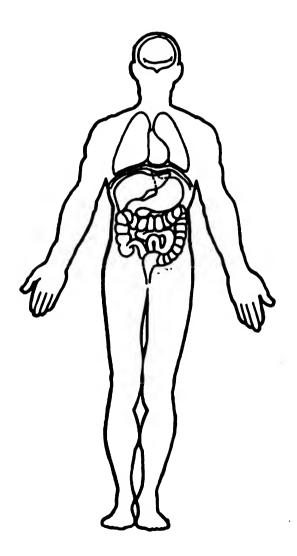


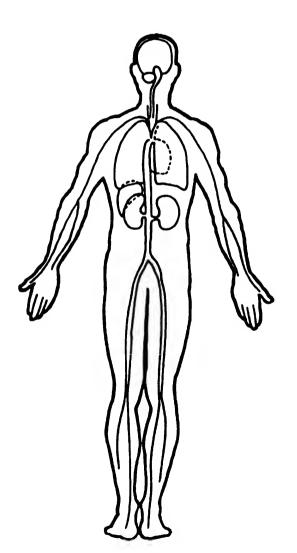


	OFFICIAL INJURY DATA — SKELETAL INJURIES Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)	
Restrained? No Yes		
Blood Alcohol Level (mg/dl) BAL =	600	
Glasgow Coma Scale Score GCSS =		
Units of Blood Given Units =		
Arterial Blood Gases pH =		
PCO ₂		

INJURY SOURCES (411) Wall mounted head rest (183) Air bag-passenger side and (102) Right side hardware or FRONT (usad behind wheal chair) object held armrest (001) Windshield (412) Other adaptiva devica (103) Right A (A1/A2)-pillar (184) Air bag-passenger side and (002) Mirror (104) Right B-pillar object in mouth (spacify): (003) Sunvisor (105) Other right pillar (specify): (185) Air bag compartment (004) Staering wheel rim cover-passenger side (005) Steering wheel hub/spoke EXTERIOR of OCCUPANT'S (106) Right side window glass (186) Air bag compartment (006) Staering wheal (combination **VEHICLE** of codas 004 and 005) (107) Right side window frame covar-passenger side and eyewear (451) Hood (108) Right side window sill (007) Steering column, (187) Air bag compartment (452) Outside hardware (e.g., transmission selector lever. (109) Right side window glass other attachment including one or more of the cover-passenger side and outside mirror, antenna) (453) Other axterior surface of jewalry (008) Cellular telephone or CB following: frame, window radio sill, A (A1/A2)-pillar, B-pillar, (188) Air bag compartment tiras (specify): covar-passenger side and (009) Add on equipment (e.g., or roof side rail. (110) Other right side object object held tape deck, air conditioner) (189) Air bag compartment (454) Unknown exterior objects (010) Left instrument panel and (spacity): cover-passenger side and below EXTERIOR OF OTHER MOTOR (011) Canter instrument panel and object in mouth VEHICLE INTERIOR (190) Other air bag (specify) balow (501) Front bumper (151) Seat, back support (012) Right instrument panel and (195) Other air bag compartment (502) Hood edge (152) Belt restraint (503) Other front of vehicle (013) Glove compartment door webbing/buckle covar (specify) (specify): (153) Belt rastraint B-pillar or door (014) Knee bolster frame attachment point (015) Windshield including one or (504) Hood more of the following: front (154) Other restraint system ROOF haader, A (A1/A2)-pillar, component (specify): (201) Front header (505) Hood ornament (506) Windshield, roof rail, A-pillar instrument panel, mirror, or (202) Rear header (155) Head restraint system (203) Roof left side rail -(507) Side surfaca staering assembly (driver (508) Side mirrors side only) (160) Other occupants (specify): (204) Roof right side rail (205) Roof or convertible top (509) Other side protrusions (016) Windshield including one or (specify): more of the following: front (161) Interior loose objects header, A (A1/A2)-pillar, (162) Child safety saat (specify): **FLOOR** (510) Rear surface (251) Floor (including toe pan) instrument panel, or mirror (163) Other interior object (511) Undercarriage (passenger side only) (252) Floor or console mounted transmission layer, including (512) Tires and wheels (017) Windshiald reinforced by erlea (513) Other exterior of other exterior object (specify) motor vehicle (specify): of same occupant (253) Parking brake handla (019) Other front object (specify): (254) Foot controls including (170) Air bag-driver side parking brake (171) Air bag-driver side and (514) Unknown extenor of other REAR motor vehicle LEFT SIDE evewsar (301) Backlight (rear window) (051) Left side interior surface, (172) Air bag-driver side and OTHER VEHICLE OR OBJECT IN (302) Backlight storage rack, axcluding hardwara or je welry THE ENVIRONMENT (173) Air bag-drivar sida and door, etc. armrests (551) Ground (052) Left sida hardware or object held (303) Other rear object (specify): (598) Other vehicle or object armrest (174) Air bag-drivar side and (specify): (053) Laft A (A1/A2)-pillar object in mouth (054) Latt B-pillar (175) Air bag compartment ADAPTIVE (ASSISTIVE) DRIVING FOUIPMENT (599) Unknown vehicle or object (055) Other left pillar (specify): cover-drivar side (176) Air bag compartment (401) Hand controls for covar-driver side and NONCONTACT INJURY (056) Left side window glass braking/acceleration (057) Left side window frame avawaa (402) Steering control devices (601) Fire in vehicle (058) Left side window sill (177) Air bag compartment (attached to OEM steering (602) Flying glass (059) Left side window glass cover-driver side and jewalry wheal (603) Other noncontact injury including one or mora of tha (178) Air bag compartment (403) Stearing knob attached to source cover-drivar side and object steering whael following: frame, window (specify): sill, A (A1/A2)-pillar, B-pillar, held (405) Replacament steering whaal (604) Air bag exhaust gases (179) Air bag compartment (i.e., reduced diameter) or roof side rail. (697) Injured, unknown source (060) Other left side object covar-drivar side and object (406) Joy stick staening controls (407) Whealchair tie-downs (specify): in mouth (408) Modification to seat belts, (180) Air bag-passenger side (181) Air bag-passenger side and (spacify): RIGHT SIDE eyewear (409) Additional or relocated (101) Right side interior surface. (182) Air bag-passenger sida and switches, (specify): axcluding hardware or e walry (410) Raised roof armrests

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





Specimen Test Type Blood and urine tests Blood test only Urine test only Other test Unspecified A Autopay-medical information based upon an invative examination of a body Medical examiner's record-where the information reported on the patient is based on a non-invative examination of the body A Antinopy-medical information based upon an invative examination of a body Medical examiner's record-where the information reported on the patient is based on a non-invative examination of the body A Antinopy-medical information based upon an invative examination of a body patient's administion; these records are common in abort hospitalizations and examiner on post-fix direct in the patient's administion; these records are common in abort hospitalizations and examiner on the patient's administion; these records are common in a contract of the body contains administor of the body information an discussed above. Discharge manuary-aborted history of a patient's hospitalization highlighting the patient's analycin injuries; this record is near- written from the perspective of its author which is many cases in a consultant of the patient's analycin injuries; this record is near- written from an obspication surgery, then treat it is emergency exerce related Operative record-summary analyces and analyces of patient's hospitalization highlighting the patient's administor and patient's hospitalization highlighting the patient's administor and patient's hospitalization highlighting the patient's administor and patient's hospitalization highlighting the patient's administor port- Reflect prouds accommendation are in cases can related X Radiographic record-takes after the patient is an born admitted, or while is surjectly operated by the emergency room payed and a patient's hospitalization are in cases and an administor or records and an administor part of the patient's administor are in cases and administor part of patient's administor record-cases and administor are in cases and administor are incorpant of the patient's admin			CAUSE OF DEATH			
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OS Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related FX Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care PATIENT Progress notes—supplemental record containing additional narses notes taken after the patient's admission HP History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room CN Consultation record—consultations are in essence additional history and physicial exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission ER Emergency room report—where the author of this information is undefined EN Emergency room nurse—"nurse/complaint of" section on the emergency room report ED Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) NN Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) EX Radiographic records—taken during the patients stay in the emergency room CV Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. CR Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner ET Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)		information as discussed abo	ove history of a patient's hospitalization highlighting the paties	nt's major injuries; this record is often		
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PX Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care PN Patient progress notes—supplemental record containing additional narses notes taken after the patient's admission HP History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room CN Consultation record—consultations are in essence additional history and physicial exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission ER Emergency room report—where the author of this information is undefined EN Emergency room nurse—"nurse/complaint of" section on the emergency room report ED Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report) NN Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s) EX Radiographic records—taken during the patients stay in the emergency room CV Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author. CR Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner ET Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)	OS	tients who survive the surge	ry are normally admitted; thus, this record is normally con-	sidered post-ER; however, if this record		
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CR Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner KT Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)	CN ER EN ED	Emergency room report—wh Emergency room nurse—"nu Emergency room doctor—"ol gency room report) Nurse notes—supplemental re Radiographic records—taken	ere the author of this information is nudefined irse/complaint of section on the emergency room report bjective/physical exam section plus "diagnosis and treatment ecord containing additional notes taken by the emergency report and during the patients stay in the emergency room	nt" sections (i.e., doctor portion of emer- coom nurse(s)		
KT Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)	CN ESR ESN EED NN EX	Emergency room report—wh Emergency room nurse—"nu Emergency room doctor—"ol gency room report) Nurse notes—supplemental r Radiographic records—taken Coroner's verdict—statement	tere the author of this information is nudefined tree/complaint of section on the emergency room report bjective/physical exam section plus diagnosis and treatmet ecord containing additional notes taken by the emergency round during the patients stay in the emergency room to cause of death for legal specific regarding injuries; care	nt" sections (i.e., doctor portion of emer- coom nurse(s)		
O Other source-medical information based on an other source (e.g., newspaper, DVM-Doctor of Veterinary Medicine)	CN ER EN ED NN EX CV	Emergency room report—wh Emergency room nurse—"nu Emergency room doctor—"ol gency room report) Nurse notes—supplemental re Radiographic records—taken Coroner's verdict—statement tials of the verdict's author. Coroner's report—medical in	tere the author of this information is nudefined irse/complaint of section on the emergency room report bjective/physical exam section plus diagnosis and treatment coord containing additional notes taken by the emergency room to feature of during the patients stay in the emergency room to feature of death for legal specific regarding injuries; care	nt" sections (i.e., doctor portion of emer- com nurse(s) e must be exercised to ascertain the creden-		
	CN EER EEN EED NN EEX CV CR	Emergency room report—wh Emergency room nurse—"nu Emergency room doctor—"ol gency room report) Nurse notes—supplemental r Radiographic records—taken Coroner's verdict—statement tials of the verdict's author. Coroner's report—medical in has the title of a coroner Emergency medical technicia	tere the author of this information is nudefined tree/complaint of section on the emergency room report bjective/physical exam section plus diagnosis and treatment ecord containing additional notes taken by the emergency room to during the patients stay in the emergency room to cause of death for legal specific regarding injuries; care aformation based upon a noninvasive examination performes an—report by a person who qualifies as an emergency medians.	nt" sections (i.e., doctor portion of emer- room nurse(s) must be exercised to ascertain the creden- d by a person who is not a doctor but who cal services technician (EMS or EMT)		
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Appendix K:

NASS CDS OCCUPANT ASSESSMENT FORMS:

CASE VEHICLE OCCUPANTS



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

9

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Netional Highway Traffic Safety
Administration

1. Primary Sampling Unit Number / O

2. Case Number - Stratum

9516

4. Occupant Number

3. Vehicle Number

(11) Left side (12) Middle

(13) Right side

Second Seat

(22) Middle (23) Right side

(21) Left side

Front Seat

(14) Other (specify):

(24) Other (specify):

10. Occupant's Seat Position

(15) On or in the lap of another occupant

OCCUPANT'S SEATING

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age
Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height
Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ _ centimeters

8. Occupant's Weight
Code actual weight to the nearest

kilogram. (999)Unknown

___ _ pounds X .4536 = __ _ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

Third Seat (31) Left side

(31) Left side (32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

(25) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJEC	TION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (O) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	 (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

BELT SYSTE	M FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment
(8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system
20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat **Belt Used Improperly** (3) Shoulder belt wom under arm (4) Shoulder belt wom behind back or seat (5) Belt wom around more than one person (6) Lap belt wom on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	(2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

FIRST SEAT FRONTAL AIR	R BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - O O O Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM	Л	HEA	D F	RESTRAINT AND SEAT EVALUATION
44.	Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): (03) Object carried by occupant, (specify): (04) Adaptive/assistive controls, (specify): (05) Fire in vehicle	<u>0</u>	49. H at (0 (1 (2 (3 (4 (5	ead t Th D) ! I) ! I) ! S) /	Restraint Type/Damage by Occupant is Occupant Position No head restraints Integral—no damage Integral—damaged during accident Indigratable—no damage Integral—damaged during accident Integral—damaged during accident Integral—damaged during accident Integral—damaged during accident Integral—damaged during accident Integration of the content of the con
45	(06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify): (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown Was The Air Bag Tethered?		50. Se (0	eat (100) (11) (12) (13) (14) (15) (16)	Jnknown Type (this Occupant Position) Occupant not seated or no seat Bucket Bucket with folding back Bench Bench with separate back cushions Bench with folding back(s) Split bench with separate back cushions Split bench with folding back(s)
	(0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown Did The Air Bag Have Vent Ports? (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): (3) Deployed, unknown if vent ports present (7) Not deployed	<u>o</u> -	(0 (0 (1 (9 51. Se (0 (1 (2 (3 (4 (8	(8) (9) (0) (9) (eat (0) (1) Fo (1) Fo (1) Si (1) O	Pedestal (i.e., column supported) Box mounted seat (i.e., van type) Other seat type (specify): School bus bench Unknown Orientation (this Occupant Position) ccupant not seated or no seat orward facing seat de facing seat (inward) de facing seat (outward) ther (specify):
	 (8) Unknown if deployed (9) Unknown Was the Air Bag in this Occupant's Position Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if other occupant conto air bag (7) Not deployed (8) Unknown if deployed (9) Unknown 		(0 (1 <i>A</i> , (2 (3 (4 (5	djus (1) Se (2) Se (3) Se (4) Se (5) Se (6) Se (6) Se	Track Adjusted Position Prior To Impact ccupant not seated or no seat on-adjustable seat track table Seat Track eat at forward most track position eat between forward most and middle track ositions eat at middle track position eat between middle and rear most track ositions eat at rear most track position eat at rear most track position
48.	Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown	<u>O</u>			

HEAD RESTRAINT AND	SEAT EVALUATION continued
53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (01) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to slightly rearward position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position (18) Moved to completely rearward position (19) Moved to completely rearward position (21) Moved to rearward midrange position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to slightly forward position (25) Moved to forward midrange position (26) Moved to completely forward position (27) Moved to completely forward position (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (37) Moved to completely forward position (39) Unknown	15 14 13 12 11 11 25 24 23 22 21 21 21 36 35 34 33 32 31 31
54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown	

		CHILD SAI	FETY	SE	AT			
55.	Child Safety Seat Make/Model (000) No child safety seat	000	58.	Child	Safety Sea	it Harness U	sage	00
	Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	s CDS	59.	Child	Safety Sea	nt Shield Usa	ige	00
	(997) Other make/model (specify):	- 4	60.	Child	Safety Sea	it Tether Usa	age	00
	(998) Unknown make/model (999) Unknown if child safety seat used			Varia	bles OA58-		ble to	
56.	Type of Child Safety Seat (0) No child safety seat	0			No child sa	•	Shiald/Tash	
	(1) Infant seat (2) Toddler seat				-	ith Harness/S et harness/si used		
	(3) Convertible seat(4) Booster seat - with shield(5) Booster seat - without shield		1	(03)	Child safety	et harness/si y seat used, ield/tether ac	but no afte	
	(7) Other type child safety seat (specify)	:				f harness/shi		
	(8) Unknown child safety seat type (9) Unknown if child safety seat used			_		<i>arness/Shiel</i>		
57.	Child Safety Seat Orientation (00) No child safety seat	00				ield/tether us harness/shi		ısed
	Designed for Rear Facing for This Age/W (01) Rear facing	'eight		(21)	Harness/sh	<i>gned With H</i> ield/tether no ield/tether us	ot used	eld/Tether
	(02) Forward facing (08) Other orientation (specify):					harness/shi		sed
	(09) Unknown orientation			(99)	Unknown if	child safety	seat used	
	Designed For Forward Facing for This Ag (11) Rear facing	e/Weight						
	(12) Forward facing (18) Other orientation (specify):							
	(19) Unknown orientation							
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing							
	(22) Forward facing (28) Other orientation (specify):							
	(29) Unknown orientation							
	(99) Unknown if child safety seat used							
								,

INJURY CONSEQUENCES	
61. Injury Severity (Police Rating)	63. Type Of Medical Facility (for Initial Treatment)
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): Nonfatal (3) Hospitalization	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown 65. Working Days Lost
 (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown 	Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
	ORK HERE

INJURY CONSEQUENCES TRAUMA DATA 66. Time to Death Code number of hours from time of OOO (at Medical Facility)	
accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (OO) Not fatal (96) Fatal - ruled disease (99) Unknown (OO) Not injured	2
72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (3) Yes - blood given (4) Unknown if blood given (5) 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown 70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured 74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Primary Source of Belt Use Determination (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if blood given (2) Yes - blood given (3) Unknown if blood given (4) Vehicle injured 75. Arterial Blood Gases (ABG) – HCO, (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual suknown (97) Injured, details unknown (99) Unknown if injured	<u>/</u>



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety
Administration

O.M.B. No. 2127-0021 NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1.0	OCCUPANT'S SEATING
1. Primary Sampling Unit Number 7 0	10. Occupant's Seat Position 99
2. Case Number - Stratum 95/6	Front Seat
3. Vehicle NumberO/	(11) Left side (12) Middle
4. Occupant Number 0.3	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
A 6	
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown inches X 2.54 = centimeters	(45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown pounds X .4536 =kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (O) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):

EJEC	TION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	(2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown
		·

BELT SYSTEM FUNCTION				
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed	22. Shoulder Belt Upper Anchorage Adjustment O (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt			
(2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment			
(8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use			
(05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts	(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system			
(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat **Belt Used Improperty** (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	(9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):			
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):			

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present: 33. Air Bag(s) Deployment, Other Than First
	Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - O O O Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM	HEAD RESTRAINT AND SEAT EVALUATION
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION continued 44. Source of Air Bag Damage © © (OO) Not equipped/not available (O1) Not damaged (O2) Object worn by occupant, (specify): (O3) Object carried by occupant, (specify): (O4) Adaptive/assistive controls, (specify): (O5) Fire in vehicle (O6) Thermal burns (O7) Rescue or emergency efforts (88) Other damage source (specify): (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	49. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 50. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s)
45. Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown 46. Did The Air Bag Have Vent Ports?	(06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): School bus bench (99) Unknown 51. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat
(0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown	(3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown 52. Seat Track Adjusted Position Prior To Impact (0) Occupant not seated or no seat (1) Non-adjustable seat track
Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown	Adjustable Seat Track (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position (5) Seat between middle and rear most track positions (6) Seat at rear most track position (9) Unknown
48. Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown	

	HEAD RESTRAINT AND S	EAT EVALUATION continued
53.	Seat Back Incline Prior and Post Impact OO IOCcupant not seated or no seat OOI Not adjustable	
	Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position	15 14 13 12 11
	Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position	25 ²⁴ 23 22 21
	Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position	36 35 34 33 37 31
(99) Unknown	
(Seat Performance (this Occupant Position) O) Occupant not seated or no seat 1) No seat performance failure(s) 2) Seat adjusters failed 3) Seat back folding locks or "seat back" failed (specify): 4) Seat track/anchors failed	
(5) Deformed by impact of occupant 6) Deformed by passenger compartment intrusion, (specify):	
(7) Combination of above (specify):	
()	B) Other (specify): 9) Unknown	

C	HILD SAFET	Y SEA	T		
(000) No child safety seat		. Child s	Safety Seat Ha	irn ess Usa ge	00
Data Collection, Coding and Editing (950) Built-in child safety seat		. Child S	Safety Seat Sh	ield Usage	00
Applicable codes are found in your NASS Data Collection, Coding and Editing		. Child S Note: Variab (00) N Not De (01) A (02) A (03) C (09) L a Design (11) H (12) H (19) U Unknot (21) H (22) H (29) U	Safety Seat Te Options below les OA58-OA6 lo child safety esigned With H After market he dded, not used child safety set arness/shield/f larness/shield/f	applicable to 50. seat darness/Shield/Teter darness/shield/tetr darness/shield/tetr darness/shield/tetr at used, but no a tether added ress/shield/tether tether not used tether used ness/shield/tether d With Harness/S tether not used	ether her her used after market er used Shield/Tether
Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used					

INJURY CONSEQUENCES 2 61. Injury Severity (Police Rating) 63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (0) O - No injury (1) Trauma center (1) C - Possible injury (2) Hospital (2) B - Nonincapacitating injury (3) Medical clinic (3) A - Incapacitating injury (4) Physician's office (4) K - Killed (5) Treatment later at medical facility (5) U - Injury, severity unknown (8) Other (specify): (6) Died prior to accident (9) Unknown (9) Unknown 62. Treatment - Mortality 64. Hospital Stay 00 (0) No treatment (00) Not Hospitalized (1) Fatal Code the number of days (up through 60) (2) Fatal - ruled disease (specify): that the occupant stayed in hospital. (61) 61 days or more (99) Unknown Nonfatal (3) Hospitalization 65. Working Days Lost (4) Transported and released Code the number of days (5) Treatment at scene - nontransported (up through 60) that the occupant (6) Treatment later lost from work due to the accident (7) Treatment - other (specify): (00) No working days lost (61) 61 days or more (8) Transported to a medical facility-unknown if (62) Fatally injured treated (97) Not working prior to accident (9) Unknown (99) Unknown STOP WORK HERE

VARIABLES 66-74

INJURY CONSEQUENCES	TRAUMA DATA
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death OO 68. 2nd Medically Reported Cause of Death OO 69. 3rd Medically Reported Cause of Death OO	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (OO) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):	73. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
(97) Other result (includes fatal ruled disease) (specify):	BELT USE DETERMINATION
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify):

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1.0	OCCUPANT'S SEATING
1. Primary Sampling Unit Number 70	10 Occupant's Seat Position 9 9
2. Case Number - Stratum 95/6	10. Occupant's Seat Position 999
3. Vehicle NumberO_/	(11) Left side (12) Middle
4. Occupant Number 0 4	(13) Right side
	(14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
inches X 2.54 = centimeters	
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown pounds X .4536 =kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT				
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (O) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc (specify): (9) Unknown	<u>0</u>	16. Entrapment (O) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or	
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown	

BELT SYSTEM FUNCTION				
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt	(0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position			
(5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	(3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment			
(9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown			
(15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly	(9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown			
(2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):			
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):			

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify):	(9) Unknown 32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of *other* air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION					
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown				
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed				
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown				
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (O0) Not equipped/not available (O1) Not damaged Yes - Air Bag Damage (O2) Ruptured (O3) Cut (O4) Torn				
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown				

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION continued	HEAD RESTRAINT AND SEAT EVALUATION
44. Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged	49. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage
(02) Object worn by occupant, (specify): (03) Object carried by occupant, (specify): (04) Adaptive/assistive controls, (specify):	(2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident
(05) Fire in vehicle (06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify):	(8) Other (specify): (9) Unknown 50. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket
(96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	(02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s)
45. Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed	(08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): School bus bench (99) Unknown
(8) Unknown if deployed (9) Unknown	51. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
(3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown	(9) Unknown 52. Seat Track Adjusted Position Prior To Impact/ (0) Occupant not seated or no seat (1) Non-adjustable seat track
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify):	Adjustable Seat Track (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position
 (3) Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown 	(5) Seat between middle and rear most track positions (6) Seat at rear most track position (9) Unknown
48. Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown	<u>O</u>

	HEAD RESTRAINT AND S	EAT EVALUATION continued
53.	Seat Back Incline Prior and Post Impact O / (00) Occupant not seated or no seat (01) Not adjustable	
	Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position	15 14 13 12 11
	Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position	25 ²⁴ 23 22 21
	Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position	35 34 33 36 32 37 31
	(99) Unknown	
	Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown	

	CHI	LD SAF	ETY SEAT		
55.	Child Safety Seat Make/Model	20	58. Child Sa	afety Seat Harness Usage	00
	(000) No child safety seat Applicable codes are found in your NASS CE Data Collection, Coding and Editing (950) Built-in child safety seat	os	59. Child Sa	afety Seat Shield Usage	00
	(997) Other make/model (specify):		60. Child Sa	afety Seat Tether Usage	00
	(999) Unknown if child safety seat used		Variable	ptions below applicable to s OA58-OA60. o child safety seat	
56.	Type of Child Safety Seat	0		·	į
	(0) No child safety seat (1) Infant seat			<i>igned With Harness/Shield/Te</i> ter market harness/shield/teth	
	(2) Toddler seat	i		ded, not used	
	(3) Convertible seat			ter market harness/shield/teth	
	(4) Booster seat - with shield (5) Booster seat - without shield			nild safety se at use d, but n o a rness/shield/tether a dde d	itter market
	(7) Other type child safety seat (specify):		(09) Un	nknown if harness/shield/tethe ded or used	∍ r ·
	(8) Unknown child safety seat type		Ossissa	d Mich Harrage/Chield/Techar	
	(9) Unknown if child safety seat used	Ī		<i>d With Harness/Shield/Tether</i> Irness/shield/tether not used	
			(12) Ha	rness/shield/tether used	
57.	Child Safety Seat Orientation (00) No child safety seat	20	,,,,,	known if harness/shield/tethe	
	Designed for Boar Facing for This Age/Moish			<i>n If Designed With Harness/S</i> Irness/shield/tether not used	Shield/Tether
	Designed for Rear Facing for This Age/Weigh (01) Rear facing	"	•	rness/shield/tether not used	
	(02) Forward facing			known if harness/shield/tethe	er used
	(08) Other orientation (specify):	l			
	(09) Unknown orientation		(99) U n	known if child safety seat us	ed
	Designed For Forward Facing for This Age/W	leiaht		·	
	(11) Rear facing				
	(12) Forward facing			•	
	(18) Other orientation (specify):				
	(19) Unknown orientation				
	Unknown Design or Orientation For This	İ			
	Age/Weight, or Unknown Age/Weight	I			
	(21) Rear facing				
	(22) Forward facing				
	(28) Other orientation (specify):	1			
	(29) Unknown orientation				
	(99) Unknown if child safety seat used				

INJURY CONSEQUENCES 61. Injury Severity (Police Rating) 63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (0) O - No injury (1) Trauma center (1) C - Possible injury (2) Hospital (2) B - Nonincapacitating injury (3) Medical clinic (3) A - Incapacitating injury (4) Physician's office (4) K - Killed (5) Treatment later at medical facility (5) U - Injury, severity unknown (8) Other (specify): (6) Died prior to accident (9) Unknown (9) Unknown 62. Treatment - Mortality 00 64. Hospital Stay (0) No treatment (00) Not Hospitalized (1) Fatal Code the number of days (up through 60) (2) Fatal - ruled disease (specify): that the occupant stayed in hospital. (61) 61 days or more (99) Unknown Nonfatal (3) Hospitalization 65. Working Days Lost (4) Transported and released Code the number of days (5) Treatment at scene - nontransported (up through 60) that the occupant (6) Treatment later lost from work due to the accident (7) Treatment - other (specify): (00) No working days lost (61) 61 days or more (8) Transported to a medical facility-unknown if (62) Fatally injured treated (97) Not working prior to accident (9) Unknown (99) Unknown **STOP WORK HERE**

VARIABLES 66-74

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured
(at Medical Facility) (00) Not injured
 (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
73. Arterial Blood Gases (ABG) – HCO ₃
BELT USE DETERMINATION
74. Primary Source of Belt Use Determination O
(0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify):

OCCUPANT ASSESSMENT FORM

O.M.B. No. 2127-0021

9

NATIONAL ACCIDENT SAMPLING SYSTEM

National Highway Traffic Safety Administration CRASHWORTHINESS DATA SYSTEM OCCUPANT'S SEATING 0 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify): **OCCUPANT'S CHARACTERISTICS** (15) On or in the lap of another occupant 5. Occupant's Age Second Seat Code actual age at time of accident. (21) Left side (22) Middle (00) Less than one year old (specify by month): (23) Right side (97) 97 years and older (24) Other (specify): (99) Unknown (25) On or in the lap of another occupant Third Seat (31) Left side 6. Occupant's Sex (32) Middle (1) Male (33) Right side (34) Other (specify): (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (35) On or in the lap of another occupant (4) Female-pregnant-2nd trimester(4th-6th month) Fourth Seat (5) Female-pregnant-3rd trimester(7th-9th month) (41) Left side (6) Female-pregnant-term unknown (9) Unknown (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant 7. Occupant's Height Code actual height to the nearest (97) In or on unenclosed area centimeter. (98) Other seat (specify): (999) Unknown (99) Unknown

_ inches X 2.54 = ___ centimeters 99 8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown ____ pounds X .4536 = ____ kilograms

9. Occupant's Role (1) Driver (2) Passenger (9) Unknown

11. Occupant's Posture (0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another

occupant or to look out a rear window (5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT			
(1) Co (2) Pa (3) Ejo	on o ejection omplete ejection artial ejection ection, unknown degree nknown	<u>o</u>	15. Medium Status (Immediately Prior To Impact) O No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
(1) Wi (2) Le (3) Rig (4) Le (5) Rig (6) Re (7) Ro (8) Ot	o ejection lindshield lift front ght front lift rear ght rear ear	<u>O</u> etc.)	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or
(1) Do (2) No (3) Fix (4) No (5) Int (8) Ott	on Medium o ejection oor/hatch/tailgate onfixed roof structure ked glazing onfixed glazing (specify): tegral structure ther medium (specify):	0	disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

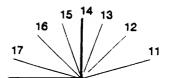
BELT SYSTEM FUNCTION			
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/		
(9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown	Function (O) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown		
(18) Other belt used with child safety seat (specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat **Belt Used Improperly** (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	25. Automatic (Passive) Belt System Type (O) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (O) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):		
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):		

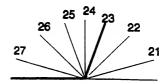
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position)
29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (O) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

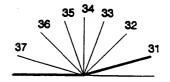
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION				
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - O O D Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown			
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed			
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available Code the accident event sequence	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown			
number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn			
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown			

	FIRST SEAT FRONTAL AIR BAG SYSTEM	HEAD RESTRAINT AND SEAT EVALUATION
(EVALUATION continued Source of Air Bag Damage OO) Not equipped/not available O1) Not damaged O2) Object worn by occupant, (specify):	49. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage
(O3) Object carried by occupant, (specify): O4) Adaptive/assistive controls, (specify): O5) Fire in vehicle	(4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):
(06) Thermal burns 07) Rescue or emergency efforts 88) Other damage source (specify):	(9) Unknown 50. Seat Type (this Occupant Position) / 0
(95) Damaged, unknown source 96) Deployed, unknown if damaged 97) Not deployed 98) Unknown if deployed 99) Unknown	(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions
() (Vas The Air Bag Tethered? O) Not equipped/not available 1) No 2) Yes (specify number of tether straps): 3) Deployed, unknown if tethered	(06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): School bus bench (99) Unknown
0	7) Not deployed 8) Unknown if deployed 9) Unknown	51. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat
(Oid The Air Bag Have Vent Ports? O) Not equipped/not available 1) No 2) Yes (specify number of vent ports):	(2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
()	3) Deployed, unknown if vent ports present 7) Not deployed 8) Unknown if deployed 9) Unknown	(9) Unknown 52. Seat Track Adjusted Position Prior To Impact
(1	Vas the Air Bag in this Occupant's Position Contacted by Another Occupant? O) Not equipped/not available 1) No 2) Yes (specify):	Adjustable Seat Track (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position
(3) Deployed, unknown if other occupant contact to air bag 7) Not deployed 8) Unknown if deployed 9) Unknown 	(5) Seat between middle and rear most track positions(6) Seat at rear most track position(9) Unknown
() () () () ()	Vas This Occupant Wearing Eye-wear? O) Not equipped/not available 1) No 2) Eyeglasses/sunglasses 3) Contact lenses 4) Deployed, unknown if eyewear worn 7) Not deployed 8) Unknown if deployed 9) Unknown	

HEAD RESTRAINT AND SEAT EVALUATION continued 53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (01) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown 54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown







		CHILD S	AF	ETY SE	AT	
55.	(000) No child safety seat	00	2	58. Child	d Safety Seat Harness Usage	00
	Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	S CDS		59. Child	d Safety Seat Shield Usage	00
	(997) Other make/model (specify): (998) Unknown make/model				i Safety Seat Tether Usage	00
	(999) Unknown if child safety seat used	C		Varia	: Options below applicable to ables OA58-OA60. No child safety seat	
56.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat		_		Designed With Harness/Shield/Te After market harness/shield/teth	
	(2) Toddler seat(3) Convertible seat(4) Booster seat - with shield				added, not used After market harness/shield/teth Child safety seat used, but no a	
	(5) Booster seat - without shield(7) Other type child safety seat (specify)	:			harness/shield/tether added Unknown if harness/shield/tethe added or used	
	(8) Unknown child safety seat type (9) Unknown if child safety seat used	_			gned With Harness/Shield/Tether Harness/shield/tether not used	
57.	Child Safety Seat Orientation (00) No child safety seat	00	_	(12)	Harness/shield/tether used Unknown if harness/shield/tethe	er used
	Designed for Rear Facing for This Age/W (01) Rear facing	eight ((21)	nown If Designed With Harness/S Harness/shield/tether not used Harness/shield/tether used	Shield/Tether
	(02) Forward facing (08) Other orientation (specify):				Unknown if harness/shield/tethe	
	(09) Unknown orientation Designed For Forward Facing for This Ag	e∕Weiaht		,		
	(11) Rear facing (12) Forward facing	e/ vveigin				
	(18) Other orientation (specify): (19) Unknown orientation					
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight					
	(21) Rear facing (22) Forward facing (28) Other orientation (specify):					
	(29) Unknown orientation					
	(99) Unknown if child safety seat used					

INJURY CONSEQUENCES	l age
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) 2 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
 (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown 	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	DRK HERE

VARIABLES 66-74

INJURY CONSEQUENCES	TRAUMA DATA
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown 70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	(2) Yes - blood given (specify units): (9) Unknown if blood given

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

U.S. Department of Transportation

National Highway Traffic Safety Administration	NATIONAL ACCIDENT SAMPLING SYS CRASHWORTHINESS DATA SYS				
1.0	OCCUPANT'S SEATING				
1. Primary Sampling Unit Number / O	10 Occupant's Seet Resister 98				
2. Case Number - Stratum 9516	10. Occupant's Seat Position 75				
3. Vehicle Number	(11) Left side (12) Middle				
4. Occupant Number	(13) Right side				
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant				
, -	(13) On or in the lap of another occupant				
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant				
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify):				
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 6 6 inches X 2.54 = centimeters	(95) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): 10 th Tow (99) Unknown R side, window seat				
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 103 pounds x .4536 = kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown				

	EJECTION/ENTRAPMENT						
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	Ω	15. Medium Status (Immediately Prior To Impact) (O) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown				
13.	Ejection Area (O) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc. (specify): (9) Unknown	<u>O</u>	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or				
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown				

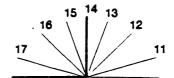
BELT SYSTEM	M FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts
(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	(2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly (3) Automatic belt used properly (4) Automatic belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt or automatic is shoulder belt used improperly
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): (9) Unknown	with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployad, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Balt Use. [X] Not aquipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not aquipped/not available (1) No (2) Yes (spacify):

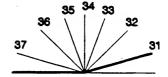
	FIRST SEAT FRONTAL AI	BAG	SYSTEM EVALUATION
35.	Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40.	Longitudinal Component of + Delta V For Air Bag - O O Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36.	Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41.	Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37.	Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown	42.	 (9) Unknown Were Air Bag Module Cover Flap(s) Damaged? O (0) Not equipped/not available (1) No (2) Yes (specify):
38.	Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43.	(8) Unknown if deployed (9) Unknown Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39.	CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown		(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM	HE	EAD RESTRAINT AND SEAT EVALUATION
	EVALUATION continued	49.	Head Restraint Type/Damage by Occupant O
44.	Source of Air Bag Damage OO		at This Occupant Position
	(00) Not equipped/not available		(O) No head restraints
	(01) Not damaged		(1) Integral—no damage
	(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident
	(03) Object carried by occupant, (specify):		(3) Adjustable—no damage (4) Adjustable—damaged during accident
	(03) Object Carried by Occupant, (specify).		(5) Add-on—no damage
	(04) Adaptive/assistive controls, (specify):		(6) Add-on—damaged during accident
	(OT) Adaptive, Education Control of Control		(8) Other (specify):
	(05) Fire in vehicle		(0) 0(110) (0)0011//
	(06) Thermal burns		(9) Unknown
	(07) Rescue or emergency efforts		1 8
	(88) Other damage source (specify):	50.	Seat Type (this Occupant Position) / O
			(00) Occupant not seated or no seat
	(95) Damaged, unknown source		(O1) Bucket
	(96) Deployed, unknown if damaged		(02) Bucket with folding back
	(97) Not deployed		(03) Bench
	(98) Unknown if deployed		(04) Bench with separate back cushions
	(99) Unknown		(05) Bench with folding back(s)
l			(06) Split bench with separate back cushions (07) Split bench with folding back(s)
45.	Was The Air Bag Tethered?		(08) Pedestal (i.e., column supported)
	(0) Not equipped/not available	Ì	(08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type)
1	(1) No		(10) Other seat type (specify):
1	(2) Yes (specify number of tether straps):		School hus bench
		ŀ	(99) Unknown
l	(3) Deployed, unknown if tethered		1
	(7) Not deployed (8) Unknown if deployed	51.	. Seat Orientation (this Occupant Position)
	(9) Unknown		(0) Occupant not seated or no seat
1	A	l	(1) Forward facing seat
46.	Did The Air Bag Have Vent Ports?		(2) Rear facing seat
	(0) Not equipped/not available		(3) Side facing seat (inward)
	(1) No	Ì	(4) Side facing seat (outward)
	(2) Yes (specify number of vent ports):		(8) Other (specify):
İ	(3) Deployed, unknown if vent ports present		(9) Unknown
	(7) Not deployed	ĺ	1
	(8) Unknown if deployed	52.	. Seat Track Adjusted Position Prior To Impact
	(9) Unknown		(0) Occupant not seated or no seat
	Man she Air Box in this Occupant's Bosition	1	(1) Non-adjustable seat track
4/.	Was the Air Bag in this Occupant's Position Contacted by Another Occupant?	1	Adjustable Seat Track
1	(0) Not equipped/not available		(2) Seat at forward most track position
1	(1) No	1	(3) Seat between forward most and middle track
İ	(2) Yes (specify):		positions
		1	(4) Seat at middle track position
	(3) Deployed, unknown if other occupant contact	1	(5) Seat between middle and rear most track
1	to air bag	1	positions
ĺ	(7) Not deployed	1	(6) Seat at rear most track position
1	(8) Unknown if deployed		(9) Unknown
[(9) Unknown		
1.0	Was This Ossument Wearing Eve wear?	1	
48.	Was This Occupant Wearing Eye-wear?	1	
	(0) Not equipped/not available	1	
1	(1) No	1	
1	(2) Eyeglasses/sunglasses (3) Contact lenses	1	
	(4) Deployed, unknown if eyewear worn	1	
	(7) Not deployed		
	(8) Unknown if deployed		
1	(9) Unknown		
	• •		

HEAD RESTRAINT AND SEAT EVALUATION continued 53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (01) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown 54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown







	C	HILD SAF	ET	SEAT		
55.		00	58.	Child Safe	ety Seat Harness Usage	00
	(000) No child safety seat Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	CDS	59.	Child Safe	ety Seat Shield Usage	00
	(997) Other make/model (specify): (998) Unknown make/model	-	60.	Child Safe	ety Seat Tether Usage	00
	(999) Unknown if child safety seat used			Variables	tions below applicable to OA58-OA60. child safety seat	
56.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	<u>o</u>		Not Design (01) After adde (02) After (03) Chill harr (09) Unk adde Designed	gned With Harness/Shield/ter market harness/shield/ter ed, not used er market harness/shield/ter disafety seat used, but no ness/shield/tether added cnown if harness/shield/tethe dor used	ether used of after market her
57.	Child Safety Seat Orientation (00) No child safety seat	00		(12) Harr (19) Unk	ness/shield/tether not used ness/shield/tether used known if harness/shield/tet	her used
	Designed for Rear Facing for This Age/We (01) Rear facing (02) Forward facing (08) Other orientation (specify):	eight		(21) Hari (22) Hari (29) Unk	of If Designed With Harness ness/shield/tether not used ness/shield/tether used known if harness/shield/tet known if child safety seat	d her used
	Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (18) Other orientation (specify):	e/Weight				
	(19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):					
	(29) Unknown orientation (99) Unknown if child safety seat used					

INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) 2 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	(99) Unknown 65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	ORK HERE
VARIABL	.ES 66-74
	ES 66-74

	INJURY CONSEQUENCES	TRAUMA DATA
66.	Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
	1st Medically Reported Cause of Death O	(2) Yes - blood given
69.	3rd Medically Reported Cause of DeathCode the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled	
	disease) (specify):	BELT USE DETERMINATION
70.	Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

National Highway Traffic Safety

Administration
1. Primary Sampling Unit Number 2. Case Number - Stratum 95/6
3. Vehicle Number
4. Occupant Number
OCCUPANT'S CHARACTERISTICS
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):
(97) 97 years and older (99) Unknown
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 5 7 inches X 2.54 = centimeters
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown
1 1 O pounds X .4536 = kilograms 9. Occupant's Role (1) Driver

	CRASHWORTHINESS DATA SYSTEM
	OCCUPANT'S SEATING
10.	Occupant's Seat Position Front Seat (11) Left side
	(12) Middle (13) Right side (14) Other (specify):
	(15) On or in the lap of another occupant
	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
	(97) In or on unenclosed area (98) Other seat (specify): 9th row (99) Unknown & side, window seat
11	Occupant's Posture (0) Normal posture
	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window
	 (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):
	(9) Unknown

(2) Passenger (9) Unknown

EJECTION/ENTRAPMENT		
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown 16. Entrapment (0) Not entrapped/exit not inhibited
 (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown 		(1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	<u>o</u>	 (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

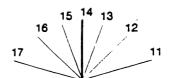
BELT SYSTEM FUNCTION				
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment			
(8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat (16) Other belt used with child safety seat (17) Elet used with child safety seat (18) Other belt used with child safety seat (19) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown 21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt used or not available (1) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (5) Other anchorage separated (specify):	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly (3) Automatic belt used properly (3) Automatic belt used properly (4) Automatic belt used mproperly (3) Automatic belt used more under arm (4) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (5) Other anchorage separated (6) Broken retractor (7) Combination of above (specify):			
(9) Unknown	(8) Other automatic belt failure (specify): (9) Unknown			

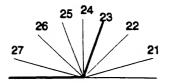
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available
29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify):	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

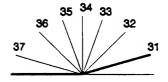
FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (996) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed
(00) Not equipped/not available Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	(9) Unknown 43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM		HEAD RESTRAINT AND SEAT EVALUATION
	EVALUATION continued		
	Source of Air Bag Damage O C) 4	9. Head Restraint Type/Damage by Occupant
44.	3001CE OF All Dog Doinings	-	at This Occupant Position (0) No head restraints
	(00) Not equipped/not available (01) Not damaged		(1) Integral—no damage
	(O2) Object worn by occupant, (specify):		(2) Integral—no damage during accident
	1021 Object Wolli by occupant, tapoony.		(3) Adjustable—no damage
	(03) Object carried by occupant, (specify):		(4) Adjustable—damaged during accident
	tool online of assertial tolers.	1	(5) Add-on—no damage
	(04) Adaptive/assistive controls, (specify):		(6) Add-on—damaged during accident
	· · · · · · · · · · · · · · · · · · ·	1	(8) Other (specify):
	(05) Fire in vehicle		
	(06) Thermal burns		(9) Unknown
	(07) Rescue or emergency efforts		To a . T (this Occurrent Presister)
	(88) Other damage source (specify):	5	o(). Seat Type (this Occupant Position)
	105.	.	(00) Occupant not seated or no seat
	(95) Damaged, unknown source		(01) Bucket
	(96) Deployed, unknown if damaged		(02) Bucket with folding back
	(97) Not deployed (98) Unknown if deployed		(03) Bench (04) Bench with separate back cushions
	(98) Unknown it deployed (99) Unknown	- 1	(04) Bench with separate back cushions (05) Bench with folding back(s)
- 6	100/ CHRHOTH		(06) Split bench with separate back cushions
	Man The Air Bog Tothorod?) l	(07) Split bench with folding back(s)
45.	was the Air bay retriered:	<u> </u>	(08) Pedestal (i.e., column supported)
	(0) Not equipped/not available		(09) Box mounted seat (i.e., van type)
1	(1) No		(10) Other seat type (specify):
	(2) Yes (specify number of tether straps):		School bus bench
	(3) Deployed, unknown if tethered	l	(99) Unknown
	(3) Deployed, unknown it tethered (7) Not deployed	1	1
	(7) Not deployed (8) Unknown if deployed	5	51. Seat Orientation (this Occupant Position)
	(9) Unknown	_	(0) Occupant not seated or no seat
l _	,	り し	(1) Forward facing seat
46.	Did The Air Bag Have Vent Ports?	_	(2) Rear facing seat
]	(0) Not equipped/not available	-	(3) Side facing seat (inward)
1	(1) No (2) Yes (specify number of yent norts):		(4) Side facing seat (outward)(8) Other (specify):
1	(2) Yes (specify number of vent ports):		(o) Other (Specify).
	(3) Deployed, unknown if vent ports present		(9) Unknown
1	(7) Not deployed	-	
	(8) Unknown if deployed	19	52. Seat Track Adjusted Position Prior To Impact
1	(9) Unknown		(0) Occupant not seated or no seat
1		\neg	(1) Non-adjustable seat track
47.	Was the Air Bag in this Occupant's Position	\preceq $ $	A 11-1-11 - O-1-1-1-1
	Contacted by Another Occupant?	1	Adjustable Seat Track
[(0) Not equipped/not available	- 1	(2) Seat at forward most track position (3) Seat between forward most and middle track
	(1) No (2) Yes (specify):		
	(2) Yes (specify):	ļ	positions (4) Seat at middle track position
	(3) Deployed, unknown if other occupant contact	, l	(5) Seat between middle and rear most track
	to air bag		positions
	(7) Not deployed	}	(6) Seat at rear most track position
ł	(8) Unknown if deployed	l	(9) Unknown
	(9) Unknown	}	•
1		0	i.
48	Was This Occupant Wearing Eye-wear?	<u> </u>	
	(O) Not equipped/not available		
	(1) No	- 1	
	(2) Eyeglasses/sunglasses		
	(3) Contact lenses	- 1	
	(4) Deployed, unknown if eyewear worn		
	(7) Not deployed		
	(8) Unknown if deployed		
1	(9) Unknown	I	[

HEAD RESTRAINT AND SEAT EVALUATION continued 53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (O1) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown 54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown







	CHILD SAFETY SEAT			
55.		000	58. Child Safety Seat Harness Usage	0
	(000) No child safety seat Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat	CDS	59. Child Safety Seat Shield Usage	0
	(997) Other make/model (specify):	_	60. Child Safety Seat Tether Usage	0
	(998) Unknown make/model (999) Unknown if child safety seat used		Note: Options below applicable to Variables OA58-OA60.	
56	Type of Child Safety Seat	0	(00) No child safety seat	
30.	(0) No child safety seat		Not Designed With Harness/Shield/Tether	
	(1) Infant seat		(01) After market harness/shield/tether	
	(2) Toddler seat		added, not used (O2) After market harness/shield/tether used	
	(3) Convertible seat (4) Booster seat - with shield		(03) Child safety seat used, but no after mar	
	(5) Booster seat - with shield		harness/shield/tether added	NO.
	(7) Other type child safety seat (specify):	: -	(09) Unknown if harness/shield/tether added or used	
	(8) Unknown child safety seat type		Designed Wish Homeson/Shield/Tether	
	(9) Unknown if child safety seat used		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used	
		_	(12) Harness/shield/tether used	
57.	Child Safety Seat Orientation (00) No child safety seat	00	(19) Unknown if harness/shield/tether used	
			Unknown If Designed With Harness/Shield/Te	ether
	Designed for Rear Facing for This Age/W	eight	(21) Harness/shield/tether not used (22) Harness/shield/tether used	
	(01) Rear facing (02) Forward facing		(29) Unknown if harness/shield/tether used	
İ	(08) Other orientation (specify):		,,	
	(09) Unknown orientation		(99) Unknown if child safety seat used	
	Designed For Forward Facing for This Ag	ο/Meight		
	Designed For Forward Facing for This Ag (11) Rear facing	e/ vveigiii		
	(12) Forward facing		•	
	(18) Other orientation (specify):			
	(19) Unknown orientation			
	Unknown Design or Orientation For This		·	
	Age/Weight, or Unknown Age/Weight			
	(21) Rear facing			
	(22) Forward facing			
	(28) Other orientation (specify):			
	(29) Unknown orientation			
	(99) Unknown if child safety seat used			

	INJURY CONSEQUENCES	
61.	Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) 2 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown
62.	Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown 65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
	STOP W	ORK HERE
	VARIABL	ES 66-74
	TO BE CODED BY	THE ZONE CENTER

INJURY CONSEQUENCES		TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 days, code number of days.) 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	4 ay =	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death 69. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):	000	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given 73. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported , HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
(97) Other result (includes fatal ruled disease) (specify):		BELT USE DETERMINATION
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	05	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

Netional Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number / O	OCCUPANT'S SEATING
2. Case Number - Stratum 95/6	10. Occupant's Seat Position 999
3. Vehicle Number	(11) Left side
	(12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
_	(13) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify):
(99) Unknown	(25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify):
7. Occupant's Height 9999 Code actual height to the nearest centimeter. (999) Unknown inches X 2.54 = centimeters	(45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
	a
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown pounds X .4536 =kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT				
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown		
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc. (specify): (9) Unknown	<u>o</u>	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or		
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	0	disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown		

BELT SYSTE	M FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment
(8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative
(04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat	(9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown
(specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn
(9) Unknown 21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position)
29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
·	34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

	FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35	. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (996) Deployment, unknown longitudinal Delta V (997) Not deployed (998) Unknown if deployed (999) Unknown
36.	Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
	Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available Code the accident event sequence	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
	number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39.	CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM	HEAD RESTRAINT AND SEAT EVALUATION
EVALUATION continued	49. Head Restraint Type/Damage by Occupant
44. Source of Air Bag Damage O O	at This Occupant Position
(00) Not equipped/not available	(O) No head restraints
(O1) Not damaged	(1) Integral—no damage
(02) Object worn by occupant, (specify):	(2) Integral—damaged during accident
	(3) Adjustable—no damage
(03) Object carried by occupant, (specify):	(4) Adjustable—damaged during accident
	(5) Add-on-no damage
(04) Adaptive/assistive controls, (specify):	(6) Add-on-damaged during accident
(05) Fire in vehicle	(8) Other (specify):
(06) Thermal burns	
(07) Rescue or emergency efforts	(9) Unknown
(88) Other damage source (specify):	50 Seat Type (this Occupant Position) / 0
(00) Other damage source (specify).	100. Ocal Type (tina Occupant Toution)
(95) Damaged, unknown source	(00) Occupant not seated or no seat (01) Bucket
(96) Deployed, unknown if damaged	(02) Bucket with folding back
(97) Not deployed	(03) Bench
(98) Unknown if deployed	(04) Bench with separate back cushions
(99) Unknown	(05) Bench with folding back(s)
	(06) Split bench with separate back cushions
45. Was The Air Bag Tethered?	(07) Split bench with folding back(s)
	(08) Pedestal (i.e., column supported)
(0) Not equipped/not available (1) No	(09) Box mounted seat (i.e., van type)
(2) Yes (specify number of tether straps):	(10) Other seat type (specify):
(2) res (specify number of tettler straps).	School bus hench
(3) Deployed, unknown if tethered	(99) Unknown
(7) Not deployed	,
(8) Unknown if deployed	51. Seat Orientation (this Occupant Position)
(9) Unknown	(0) Occupant not seated or no seat
0	(1) Forward facing seat
46. Did The Air Bag Have Vent Ports?	(2) Rear facing seat
(0) Not equipped/not available	(3) Side facing seat (inward)
(1) No	(4) Side facing seat (outward)
(2) Yes (specify number of vent ports):	(8) Other (specify):
(3) Deployed, unknown if vent ports present	(9) Unknown
(7) Not deployed	(0) 01111101111
(8) Unknown if deployed	52. Seat Track Adjusted Position Prior To Impact
(9) Unknown	(0) Occupant not seated or no seat
	(1) Non-adjustable seat track
47. Was the Air Bag in this Occupant's Position	
Contacted by Another Occupant?	Adjustable Seat Track
(O) Not equipped/not available	(2) Seat at forward most track position
(1) No	(3) Seat between forward most and middle track
(2) Yes (specify):	positions
	(4) Seat at middle track position
(3) Deployed, unknown if other occupant contact	(5) Seat between middle and rear most track
to air bag	positions
(7) Not deployed	(6) Seat at rear most track position
(8) Unknown if deployed (9) Unknown	(9) Unknown
(9) Olikilowii	
48. Was This Occupant Wearing Eye-wear?	
(0) Not equipped/not available	
(1) No	
(2) Eyegiasses/sunglasses	
(3) Contact lenses	
(4) Deployed, unknown if eyewear worn	}
(7) Not deployed	
(8) Unknown if deployed	
(9) Unknown	

	HEAD RESTRAINT AND SE	AT EVALUATION continued
53.	Seat Back Incline Prior and Post Impact O 1 (00) Occupant not seated or no seat (01) Not adjustable	
	Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position	15 14 13 12
	Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position	25 ²⁴ 23 22 27 27
	Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown	35 34 33 36 32 37 31
54.	Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify):	
	(7) Combination of above (specify): (8) Other (specify): (9) Unknown	

	CHIL	D SAFET	Y SEAT		
55.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CD Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	S 59	. Child Safe	ty Seat Harness Usage	00
57.	(1998) Unknown make/model (1999) Unknown if child safety seat used Type of Child Safety Seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (03) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation	0	Note: Opti Variables ((00) No c (00) No c (01) After (02) After (03) Child harne (09) Unkn added (11) Harne (12) Harne (19) Unkn Unknown I (21) Harne (22) Harne (29) Unkn	ons below applicable to DA58-OA60. hild safety seat ared With Harness/Shield/Temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket own if harness/shield/temarket not used ass/shield/temarket harness/shield/temarket harness/shield/temarket harness/shield/temarket not used ass/shield/temarket not	ther used after market her used her used Shield/Tether

INJURY CONSEQUENCES	ta System: Occupant Assessment Form Pag
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
 (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown 	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	ORK HERE

VARIABLES 66-74

INJURY CONSEQUENCES TRAUMA DATA 66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (OD) Not fatal TRAUMA DATA 71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (OD) Not injured (OD) Not injured (OD) No GCS Score at medical facility (OS-15) Code the actual value of the initial GCS Score recorded at medical facility and proposed.	02
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (at Medical Facility) (O0) Not injured (O1) Injured - not treated at medical facility (O3-15) Code the actual value of the initial GCS Score recorded at medical facility	02
(90) Not fatal (97) Injured, details unknown (96) Fatal - ruled disease (99) Unknown if injured (99) Unknown	1
67. 1st Medically Reported Cause of Death O O (2) Yes - blood given (specify units):	
69. 3rd Medically Reported Cause of Death O O	
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (OO) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): 73. Arterial Blood Gases (ABG) – HCO ₃ (OO) Not injured (O1) Injured, ABGs not measured or rep (O2-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured	_O_/ ported
(97) Other result (includes fatal ruled disease) (specify): BELT USE DETERMINATION	
(99) Unknown	
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured 74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used	0



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety
Administration

OCCUPANT'S SEATING 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side 3. Vehicle Number (12) Middle (13) Right side 4. Occupant Number (14) Other (specify): **OCCUPANT'S CHARACTERISTICS** (15) On or in the lap of another occupant 5. Occupant's Age Second Seat Code actual age at time of accident. (21) Left side (22) Middle (00) Less than one year old (specify by month): (23) Right side (97) 97 years and older (24) Other (specify): (99) Unknown (25) On or in the lap of another occupant Third Seat (31) Left side 2 6. Occupant's Sex (32) Middle (1) Male (33) Right side (2) Female-not reported pregnant (34) Other (specify): (3) Female-pregnant-1st trimester(1st-3rd month) (35) On or in the lap of another occupant (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) Fourth Seat (6) Female-pregnant-term unknown (41) Left side (9) Unknown (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant 9 9 7. Occupant's Height Code actual height to the nearest (97) In or on unenclosed area (98) Other seat (specify): centimeter. (999) Unknown (99) Unknown ___ inches X 2.54 = ___ _ centimeters 99 9 11. Occupant's Posture 8. Occupant's Weight (0) Normal posture Code actual weight to the nearest kilogram. Abnormal posture (999)Unknown (1) Kneeling or standing on seat (2) Lying on or across seat ___ _ pounds X .4536 = ___ _ kilograms (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (2) Passenger (7) Bracing with feet or hands on a surface in front (9) Unknown of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT		
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc. (specify):	<u>O</u>	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	disoriented (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

BELT SYSTE	M FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt
(2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment
(8) Other belt (specify): (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown
(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown
(05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat	24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown
(15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify):	(9) Unknown 25. Automatic (Passive) Belt System Type
(99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available	(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown
 (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperty (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown 	26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative The primary Source Used In Determining Belt Used In Determining Be	explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

FIRST SEAT FRONTAL AIR	R BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (O) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - O O Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION continued	Н	EAD RESTRAINT AND SEAT EVALUATION
	EVALUATION continued	49	. Head Restraint Type/Damage by Occupant O
44.	Source of Air Bag Damage O O	175	at This Occupant Position
	(00) Not equipped/not available	1	(0) No head restraints
	(01) Not damaged	1	(1) Integral—no damage
	(O2) Object worn by occupant, (specify):	1	(2) Integral—damaged during accident
	(OZ) Object Work by observation (opening)		(3) Adjustable—no damage
	(03) Object carried by occupant, (specify):	ı	
	(03) Object carried by occupant, (specify).		
Ì	(OA) Adaptive/equiptive particle (apprify):		(5) Add-on—no damage
ļ	(04) Adaptive/assistive controls, (specify):		(6) Add-on—damaged during accident
}	(05) Fire in vehicle	1	(8) Other (specify):
l .	(06) The in vehicle	ł	
3	• •	1	(9) Unknown
İ	(07) Rescue or emergency efforts	1	
1	(88) Other damage source (specify):	50	. Seat Type (this Occupant Position)
1			(00) Occupant not seated or no seat
	(95) Damaged, unknown source	1	(O1) Bucket
l	(96) Deployed, unknown if damaged		(O2) Bucket with folding back
i	(97) Not deployed	1	(O3) Bench
İ	(98) Unknown if deployed	1	(04) Bench with separate back cushions
	(99) Unknown	1	(05) Bench with folding back(s)
	··		(06) Split bench with separate back cushions
		1	(OZ) Calla bases with folding back custions
45.	Was The Air Bag Tethered? O	1	(07) Split bench with folding back(s)
	(O) Not equipped/not available		(08) Pedestal (i.e., column supported)
	(1) No	1	(09) Box mounted seat (i.e., van type)
	(2) Yes (specify number of tether straps):	1	(10) Other seat type (specify):
1	(2) 165 (Specify flumber of tetrier straps).	1	School bus bench
	(3) Deployed, unknown if tethered	- 1	(99) Unknown
		1	
	(7) Not deployed	51	. Seat Orientation (this Occupant Position)/_
	(8) Unknown if deployed	1	(0) Occupant not seated or no seat
	(9) Unknown	- 1	(1) Forward facing seat
16	Did The Air Bag Have Vent Ports? ${\cal O}$	1	
		1	(2) Rear facing seat
1	(0) Not equipped/not available	1	(3) Side facing seat (inward)
	(1) No	1	(4) Side facing seat (outward)
	(2) Yes (specify number of vent ports):		(8) Other (specify):
	(3) Deployed, unknown if vent ports present	1	(9) Unknown
	(7) Not deployed	1	1
	(8) Unknown if deployed	52	. Seat Track Adjusted Position Prior To Impact
	(9) Unknown	i	(0) Occupant not seated or no seat
			(1) Non-adjustable seat track
47.	Was the Air Bag in this Occupant's Position $- {\color{red} { { \color{black} m{\mathcal{O}}} }}$		·
	Contacted by Another Occupant?		Adjustable Seat Track
	(0) Not equipped/not available	1	(2) Seat at forward most track position
	(1) No	1	(3) Seat between forward most and middle track
	(2) Yes (specify):		
	(2) Tes (specify).		positions
1	(2) Deslaced colleges if set as a second	1	(4) Seat at middle track position
	(3) Deployed, unknown if other occupant contact	1	(5) Seat between middle and rear most track
	to air bag		positions
	(7) Not deployed	1	(6) Seat at rear most track position
ļ	(8) Unknown if deployed	ł	(9) Unknown
	(9) Unknown	-	
	_		
48.	Was This Occupant Wearing Eye-wear? O	1	
	(0) Not equipped/not available	·	
	(1) No		
	(2) Eyeglasses/sunglasses		
	(3) Contact lenses		
	(4) Deployed, unknown if eyewear worn		
	(7) Not deployed		
	(8) Unknown if deployed		
	(9) Unknown		

HEAD RESTRAINT AND SE	EAT EVALUATION continued
53. Seat Back Incline Prior and Post Impact O / (00) Occupant not seated or no seat (01) Not adjustable	
Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position	15 14 13 12
Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position	25 ²⁴ 23 22 21
Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown	35 34 33 36 32 37 31
54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown	

	CHILD S	AFETY SEAT
55.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS	58. Child Safety Seat Harness Usage O
	Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	59. Child Safety Seat Shield Usage
56.	(998) Unknown make/model (999) Unknown if child safety seat used Type of Child Safety Seat (0) No child safety seat (1) Infant seat	60. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether
	 (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 	added, not used (O2) After market harness/shield/tether used (O3) Child safety seat used, but no after market harness/shield/tether added (O9) Unknown if harness/shield/tether added or used
	Child Safety Seat Orientation (00) No child safety seat	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether
	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify):	(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	(09) Unknown orientation	(99) Unknown if child safety seat used
	Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify):	·
	(19) Unknown orientation	
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):	-
	(29) Unknown orientation	
	(99) Unknown if child safety seat used	

National Accident Sampling System-Crashworthiness Da	nta System: Occupant Assessment Form Page
INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) 0 - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) 2 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify):	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost
(8) Transported to a medical facility-unknown if treated (9) Unknown	(61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	DRK HERE
VARIABL	ES 66-74
TO BE CODED BY	THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (O0) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death OOO	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units):
injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):	73. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
(97) Other result (includes fatal ruled disease) (specify):	BELT USE DETERMINATION
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used



U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved

Netional Highway Traffic Sefety Administration

O.M.B. No. 2127-0021 NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1.0	OCCUPANT'S SEATING
1. Primary Sampling Unit Number	99
2. Case Number - Stratum 95/6	10. Occupant's Seat Position 7 9
3. Vehicle NumberO_/	(11) Left side (12) Middle
7.0	(13) Right side
4. Occupant Number/O	(14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
7. Occupant's Height	(45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
inches X 2.54 = centimeters	
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknownpounds X .4536 =kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):

	EJECTION/ENTRAPMENT		
	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
	(0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	-	(1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	 (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

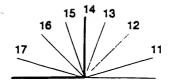
BELT SYS	TEM FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position
(5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	(4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/
(9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):	Function (0) Not equipped/not available
(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat	inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown
20. Hope Ose of Mandal (Active) Deits	25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system
(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system	(9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person
(specify): (9) Unknown	(6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
(9) Unknown	(6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify):(9) Unknown

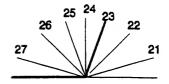
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown
(2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. Not equipped/not available/destroyed or rendered inoperative Vehicle inspection Official injury data Driver/occupant interview Other (specify): Unknown if belt used	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

	FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35.	Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of + Delta V For Air Bag - O O Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36.	Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
38.	Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
	Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (O0) Not equipped/not available (O1) Not damaged Yes - Air Bag Damage (O2) Ruptured (O3) Cut (O4) Torn
	CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

	FIRST SEAT FRONTAL AIR BAG SYSTEM		HE	AD	RESTRAINT AND SEAT EVALUATION
	EVALUATION continued		49.	Hea	d Restraint Type/Damage by Occupant O
44.		<u>0</u>		at T	his Occupant Position
	(00) Not equipped/not available			(O)	No head restraints
1	(01) Not damaged			(1)	Integral—no damage
	(02) Object worn by occupant, (specify):	- 11		(2)	Integral—damaged during accident
				(3)	Adjustable—no damage
	(03) Object carried by occupant, (specify):			(4)	
			1	(5)	Add-on-no damage
	(04) Adaptive/assistive controls, (specify):				Add-on-damaged during accident
				(8)	Other (specify):
	(05) Fire in vehicle				
	(06) Thermal burns			(9)	Unknown
	(07) Rescue or emergency efforts				Type (this Occupant Position)
	(88) Other damage source (specify):		50.	Seat	Type (this Occupant Tosition)
	(OE) D				Occupant not seated or no seat
	(95) Damaged, unknown source				Bucket in fulding book
	(96) Deployed, unknown if damaged		ĺ		Bucket with folding back
	(97) Not deployed				Bench
	(98) Unknown if deployed			(04)	Bench with separate back cushions
	(99) Unknown		l	(05)	Bench with folding back(s)
		_		(06)	Split bench with separate back cushions
45.	Was The Air Bag Tethered?	0		(07)	Split bench with folding back(s)
	(0) Not equipped/not available			(08)	Pedestal (i.e., column supported)
	(1) No				Box mounted seat (i.e., van type)
	(2) Yes (specify number of tether straps):			(10)	Other seat type (specify):
			1	(00)	School bus bench
	(3) Deployed, unknown if tethered		1	(99)	Unknown
	(7) Not deployed		E 4	S	t Orientation (this Occupant Position)
	(8) Unknown if deployed		31.	268	Occupant not seated or no seat
	(9) Unknown				Forward facing seat
46	Did The Air Bag Have Vent Ports?	O			Rear facing seat
10.	(0) Not equipped/not available				Side facing seat (inward)
	(1) No		1	(3)	Side facing seat (invalor)
ļ	(2) Yes (specify number of vent ports):				Other (specify):
	(1) too topootty frames. St voice police,		1	(0)	Other (Specify).
	(3) Deployed, unknown if vent ports present	•	ļ	(9)	Unknown
	(7) Not deployed			•	1
	(8) Unknown if deployed		52.	Sea	t Track Adjusted Position Prior To Impact
	(9) Unknown			(0)	Occupant not seated or no seat
1		\sim	1		Non-adjustable seat track
47.	Was the Air Bag in this Occupant's Position	$\frac{\circ}{}$	ļ		•
	Contacted by Another Occupant?			Adj	ustable Seat Track
	(0) Not equipped/not available		1	(2)	Seat at forward most track position
	(1) No			(3)	Seat between forward most and middle track
	(2) Yes (specify):				positions
				(4)	Seat at middle track position
	(3) Deployed, unknown if other occupant cont	act	l	(5)	Seat between middle and rear most track
	to air bag		1		positions
İ	(7) Not deployed		1	(6)	Seat at rear most track position
	(8) Unknown if deployed		1	(9)	Unknown
	(9) Unknown				
		\circ			
48.	Was This Occupant Wearing Eye-wear?	<u>O</u>	1		
	(0) Not equipped/not available				
	(1) No				
l	(2) Eyeglasses/sunglasses		1		
	(3) Contact lenses				
1	(4) Deployed, unknown if eyewear worn		1		
	(7) Not deployed		1		
1	(8) Unknown if deployed				
	(9) Unknown		1		

HEAD RESTRAINT AND SEAT EVALUATION continued 53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (01) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown 54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify):_ (7) Combination of above (specify): (8) Other (specify): (9) Unknown







	CHILD S	AFETY SEAT
	Office 5	
55.	Child Safety Seat Make/Model (000) No child safety seat	58. Child Safety Seat Harness Usage O
	Applicable codes are found in your NASS CDS Data Collection, Coding and Editing	59. Child Safety Seat Shield Usage
	(950) Built-in child safety seat (997) Other make/model (specify):	60. Child Safety Seat Tether Usage O
	(998) Unknown make/model	
	(999) Unknown if child safety seat used	Note: Options below applicable to Variables OA58-OA60. (OO) No child safety seat
56.	Type of Child Safety Seat	
	(0) No child safety seat (1) Infant seat	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether
	(2) Toddier seat	added, not used
	(3) Convertible seat	(02) After market harness/shield/tether used
	(4) Booster seat - with shield	(03) Child safety seat used, but no after market
	(5) Booster seat - without shield(7) Other type child safety seat (specify):	harness/shield/tether added (09) Unknown if harness/shield/tether
	(8) Unknown child safety seat type	added or used
	(9) Unknown if child safety seat used	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used
	0.0	(12) Harness/shield/tether used
57.	Child Safety Seat Orientation (00) No child safety seat	
	Designed for Rear Facing for This Age/Weight	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used
	(01) Rear facing	(22) Harness/shield/tether used
	(02) Forward facing	(29) Unknown if harness/shield/tether used
	(08) Other orientation (specify):	(99) Unknown if child safety seat used
	(09) Unknown orientation	
		A STAR TO SERVE OF THE SERVE OF
	Designed For Forward Facing for This Age/Weight	' C
	(11) Rear facing (12) Forward facing	· ·
	(18) Other orientation (specify):	g
	(19) Unknown orientation	*
	(19) Onknown onentation	
	Unknown Design or Orientation For This	Nå arman
	Age/Weight, or Unknown Age/Weight	
	(21) Rear facing (22) Forward facing	*
	(28) Other orientation (specify):	
	(29) Unknown orientation	
	(99) Unknown if child safety seat used	

National Accident Sampling System-Crashworthiness Dat	a System: Occupant Assessment Form Page
INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown 62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify):	63. Type Of Medical Facility (for Initial Treatment) 2 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown 64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP WO	DRK HERE

VARIABLES 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (OO) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death OOO	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units):
69. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):	(9) Unknown if blood given 73. Arterial Blood Gases (ABG) – HCO ₃ / (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
(97) Other result (includes fatal ruled disease) (specify):	BELT USE DETERMINATION
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used

Appendix L:

NASS CDS OCCUPANT INJURY FORMS:

CASE VEHICLE OCCUPANTS

U.S. Department of Transportation Netional Highway Traffic Safaty Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	0	3. Vehicle Number	0/
			2
2. Case Number - Stratum 951	6	4. Occupant Number	Ud

INJURY DATA

				A.I.S 9	90			Injury	•		
	Source of Injury Data	Body Regi o n	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
entusion all plant	5. <u>9</u>	6. /	7. <u>9</u>	в. <u>О Ӌ</u>	9. <u>0</u> <u>2</u>	10. /	11. 9 12.(697	13. 9	14. 7	15. <u>0</u> 0
2nd	16	17	18 19	9. <u> </u>	20	21	22 23.		24	25	26
3rd	27	28	29 30	o	31	32	33 34.		35	36	37
4th	38	39	40 4	1	42	43	44 45.		46	^{47.} —	48
5th	49	50	51 5.	2	53	54	55 56.		57	58	59
6th	60	61	62 6	3	64	65	66 67.		68	69	70
7th	71	72	73 7	4	75	76	77 78.		79	80	81
8th	82	83	84 8	5	86	87	88 89.		90	91	92
9th	93	94	95 9	6	97	98	99 100.		101 1	02 1	03
10th	104 1	05 1	106 10	7	108	109	110 111.		112	113 '	114

	OCCUPANT INJURY DATA												
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
11th	_	_	_			_	_		_	-			
12th		_	_			_	_						
13th	_	_					_		_	_			
14th	_	_	_			_	_		_	_			
15th	_	_	_				_			_			
16th	- .	_	_			_	_		_	_			
17th			_			_	_						
18th	_	_	_			_	_		·				
19th		_				_	_						
20th	_					_	_		_	_			
21st		_					_		· 	_			
22nd						_	_			_			
23rd		_				_	_		<u>·</u>				
24th						_	_		_				
25th									_				



U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved 0.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number	10	3. Vehicle Number	0/
2. Case Number - Stratum		4. Occupant Number	03

INJURY DATA

					A.I.S	90				Injury Source	Direct/	Occupant Area
		Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level		Intrusion Number
calp!	i 57 1 st	5. <u>9</u>	6	7. <u>9</u>	8. <u>0 4</u>	9. <u>0</u> _2	10/	11. 9 12.	<u>697</u>	13. 9	14. <u>7</u>	15. 00
21	nd	16	17	18 1	9	20	21	22 23.		24	25	26
31	rd	27	28	29 3	o. <u> </u>	31	32	33 34.		35	36	37
41	th	38	39	40 4	1	42	43	44 45.		46	47	48
51	th	49	50	51 5	2	53	54	55 56.		57	58	59
6	th	60	61	62 6	з	64	65	66 67.		68	69	70
7	th	71	72	73 7	/4	75	76	77 78.		79	80	81
8	th	82	83	84 8	35 <u></u>	86	87	88 89.		90	91	92
9	th	93	94	95 9	96	97	98	99 100.		101 1	02 1	103
1	Oth	104	105 1	106 10	D7	108	109	110 111.		112 1	13	114

				A.I.S 90	UPANT				Injury		Occupan
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
11th	_		_			_	_		_	_	
1 2 th	_	_	_			_	_		_	_	
13th	_	_					_		_		
14th	_		_			_	_		_	_	
1 ⁵ th	_	_	_			_	_		_	_	
16th	-	_	_			_	_		_	_	
17th .	_	_	_			_	_		_	_	
18th	_	_	_			_	_		_	_	
19th			_			_	_			_	
20th	_	_	_				_		_		
21 s t		_	_				_		_		
22nd	_	_	_			_	_		_	_	
23rd	_	_				_	_		<u>.</u>		
24th	_	_	_			_	_			_	
25th						_	_				



U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Administration	000017111111		CRASHWORTHINESS DATA SYST
Primary Sampling Unit Number	10	3. Vehicle Number	01
2. Case Number - Stratum	9516	4. Occupant Number	04

INJURY DATA

				A.I.S	90				Injury		Occupan
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusioi Numbei
red erisi emity		6. 8	7. <u>9</u>	8. <u>00</u>	9. <u>9</u> 9	10/	119 12.	<u>697</u>	13. 9	14.7	15. <u>O</u> C
2nd	16	17	18 1	9	20	21	22 23.		24	25	26
3rd	27	28	29 3	90	31	32	33 34.		35 3	36	37
4th	38	39	40 4	11	42	43	44 45.		46	¥7	48
5th	49	50	51 5	i2	53	54	55 56.		57	58	59
6th	60	61	62 6	33	64	65	66 67.		68	59. <u> </u>	70
7th	71	72	73 7	74	75	76	77 78.		79	во	81
8th	82	83	84 8	35	86	87	88 89.		90	91	92
9th	93	94	95 9	96	97	98	99 100.		101 10	02 1	03
10th	104	105 1	06 10) 7.	108.	109.	110. 111.		112. 1	13. 1	14

				occ	UPANT I	NJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_		-	<u> </u>		_	_			_	
12th	_	_	_			_				_	
13th	_	_	_			_			_	_	
14th	_	_	_			_			_	_	
15th	_	_	_			_	_		_	_	
16th	- .	_	_			_	_		_		
17th .	_	_	_			_	_		_		
18th	_	_	_			_	_		_		
19th	_	_	_			_	_				
20th	_	_					_	_	_	_	
21st	_	_	_			_	_		· —	44444	
22nd	_		_			_	_		_	_	
23rd	_	_	_			_	_		<u>·</u>	_	
24th	_	_	_			_	_		_	_	
25th	_	_	—			_	_		_		



Administration

U.S. Department of Transportation Netional Highway Treffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	10	3. Vehicle Number	0/
2. Case Number - Stratum	9516	4. Occupant Number	05

INJURY DATA

				A.I.S	90				Injury		Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	
Tusion 1st	5. <u>9</u>	6/	7. <u>9</u>	8. <u>O 4</u>	9. <u>O</u> <u>2</u>	10/	11.9 12	697	13. 9	14. <u>7</u>	15. <u>OO</u>
2nd	16	17	18 1	9	20	21	22 23	·	24	25	26
3rd	27	28	29 3	o	31	32	33 34	·	35 :	36	37
4th	38	39	40 4	11	42	43	44 45	·	46	47	48
5th	49	50	51 5	52	53	54	55 56	i	57	58	59
6th	60	61	62	33	64	65	66 67	·	68	69	70
7th	71	72	73	74	75	76	77 78	B	79	80	81
8th	82	83	84 8	3 5	86	87	88 89)	90	91	92
9th	93	94	95 9	96	97	98	99 100)	101 1	02	103
10th 1	104	105	106 10	07	108	109	110 111	1 <u></u>	112 1	13	114

				OCC	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_	_	-			_	_		_	_	
12th	_	_	_			_			_		
13th		_	_			_	_			_	
14th	_	_	_				_		_	_	
15th	_	_	_		- -		_		_		<u>—</u> ·—
16th	-	_	_			_	_		_	_	
17th	_	_				_	_		_	_	
18th	_	_	_			_	_			_	
19th		_				_	_		_	_	
20th	_	_	_			_			_	_	
21st	_	_				_	_			_	
22nd		_				_	_		_		
23rd		_	_			_	_		<u>·</u>	_	
24th		_	_			_	_				
25th		_								_	

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

					A.I.S	90	-	3		Injury		Occupant
		Source of Injury	Body	Type of Anatomic	Specific Anatomic	Level of	A.I.S.		Injury	Source Confidence	Direct/ Indirect	Area Intrusion
		Data	Region	Structure	Structure	Injury	Severity	Aspect	Source	Level	Injury	Number
Aba Belb		5. <u>3</u>	6. <u>7</u>	7. <u>9</u>	8. <u>0 2</u>	9. <u>0</u> <u>2</u>	10/	11 1	12. <u>/ 0 /</u>	13. 2	14. <u> </u>	15. <u>0 0</u>
Contu Relb	Sion 2nd	16. <u>3</u>	17. 7	18. <u>9</u> 1	9. <u>0 4</u>	20. <u>0</u> <u>2</u>	21/	22. 1	23. 101	_{24.} <u>2</u>	25. <u>/</u>	_{26.} <u>0</u> <u>0</u>
	3rd	27	28	29 3	0	31	32	33 3	34	35	36	37
œ.	4th	38	39	40 4	1	42	43	44 4	45	46	47	48
	5th	49	50	51 5	2	53	54	55 5	56	57	58	59
!	6th	60	61	62 6	3	64	65	66 6	67	68	69	70
	7th	71	72	73 7	′ 4	75	76	77	78	79	80	81
	8th	82	83	84 8	35	86	87	88 8	89	90	91	92
	9th	93	94	95 9	96	97	98	99 10	00	101 1	02 1	03
	10th	104 1	05 1	06 10	07	108	109	110 1	11	112	113 1	14
ļ					•							

				occ	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_	_	.			_	_		_	_	
12th	_		_			_			_	_	
13th		_	_				_		_		
14th		_	_			_	_		_	_	
15th	_	_	_			_	_		_	_	
16th			_			_	_		_	_	
1 7th		_	_			_	_		_	_	
18th		_								_	
19th		_	_			_	_			_	
20th	_	_	_				_		_	_	
21st		_	_			_	_			_	
22nd	_	_				_	_		_	_	
23rd		_				_	_		· —	_	
24th	_	_	_			_	_		_	_	
25th			·				_		_	_	

DIRECT/INDIRECT IN HIRV

OCCUPANT INJURY CLASSIFICATION **Body Region** Specific Anatomic Level of Injury **Aspect** Structure Head Specific injuries are Right (1)(2) Face assigned consecutive Left (2)(3) Neck Vessels, Nerves, Organs. two-digit numbers (3)Bilateral (4)Thorax beginning with 02. Bones, Joints are assigned (4) Central (5) Abdomen consecutive two digit (5) **Anterior** (6) Spine numbers beginning with **Posterior** To the extent possible, (6)**Upper Extremity** (7)02. within the organizational (7)Superior Lower Extremity (8) framework of the AIS, 00 (8)Inferior (9) Unspecified The exceptions to this rule is assigned to an injury (9) Unknown NFS as to severity or apply to: Whole region (0) where only one injury is Whole Area Type of Anatomic given in the dictionary for (O2) Skin - Abrasion (O4) Skin - Contusion Structure that anatomic structure. 99 is assigned to any Whole Area injury NFS as to lesion or (1) (06) Skin - Laceration (2) Vessels (08) Skin - Avulsion severity. (3) Nerves (10) Amputation (4) Organs (includes (20) Burn Abbreviated Injury Scale Muscles/ligaments) (30) Crush (5) Minor Injury Skeletal (includes (40) Degloving joints) (50) Injury - NFS (2)Moderate Injury Head - LOC (3) Serious Injury (6) (90) Trauma, other than (9) Skin mechanical (4)Severe Injury Critical Injury (5) Head - LOC (6) Maximum (untreatable) (02) Length of LOC (7)Injured, unknown (04) Level severity (06) of (08) Consciousness (10) Concussion <u>Spine</u> (02) Cervical (04) Thoracic (06) Lumbar

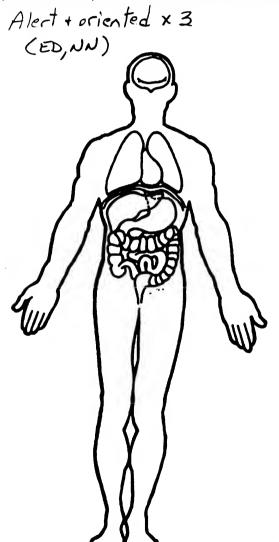
SOUNCE OF INSONT DATA	INJUNT SOUNCE	DIRECT/INDIRECT INJURY
	CONFIDENCE LEVEL	
OFFICIAL RECORDS (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source
UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify):	·	·

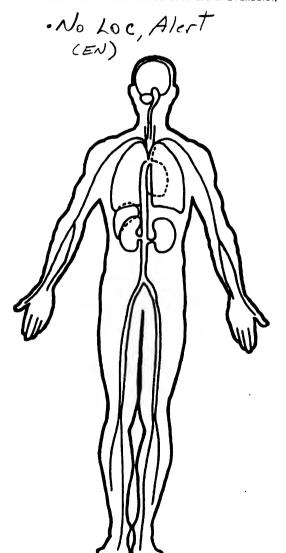
INJURY SOURCE

SOURCE OF INJURY DATA

	OFFICIAL INJURY DATA — SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl) BAL =	Relbow: normal (ER, EX)
Glasgow Coma Scale Score GCSS = 15 (EN)	(ER, EX)
Units of Blood Given Units =	
Arterial Blood Gases pH = PO ₂ =	
РСО,	

			INJURY				
FRONT		(102)	Right side hardware or	(183)	Air bag-passenger aida and	(411)	Wall mounted head rest
	Windshiald		armrest		object held		Jused behind wheat chair)
	Mirror	(103)	Right A (A1/A2)-pil)ar)184)	Air bag-passenger aide and)412)	Other adaptive device
	Sunvisor		Right B-pillar		object in mouth		(specify):
	Steering wheel rim		Other right pillar (apecify):	(185)	Air bag compartment		
	Steering wheel hub/apoke	,,,,,,			cover-passenger side		
	Steering wheel (combination	(106)	Right aide window glass	1186)	Air beg compartment	EXTE	RIOR of OCCUPANT'S
,000,	of codes 004 and 005)		Right side window frame		cover-peasenger side and	VEHIC	
(007)			Right side window sill)		eyewear		Hood
10077	Steering column, transmission selector lever,		Right side window glass	(187)	Air bag compartment		Outaide hardware (e.g.,
		(103)		(10//	cover-peasenger side and	(432)	outaide mirror, antenna)
	other attachment Cellular telephone or CB		including one or more of the		iews)ry	14531	Other exterior surface or
10081	•		following: frame, window	(199)	•	14331	tires (apecify):
	radio		aill, A (A1/A2)-pillar, B-pillar,	(100)	Air bag compartment		tires (apeciny).
(009)	Add on equipment (e.g.,		or roof aide rail.		cover-passenger side and		
	tape deck, air conditioner)	(110)	Other right side object		object held		
010)	Left instrument panel end		(apecify):	(189)	Air bag compartment	1454)	Unknown exterior objects
	below				cover-passenger side and		
(011)	Center instrument panel and				object in mouth		RIOR OF OTHER MOTOR
	below	INTER		(190)	Other air beg (apecify)	VEHIC	
012)	Right instrument panel and		Seat, back support				Front bumper
	below	(152)	Belt restraint	(195)	Other air bag compartment		Hood edge
013)	Glove compertment door		webbing/buckle		cover (apecify)	(503)	Other front of vehicle
014)	Knee boister	(153)	Belt reatreint B-piller or door				(apecify):
(015)	Windshield including one or		frame attachment point				
	more of the following: front	(154)	Other restraint aystem	ROOF		(504)	Hood
	header, A (A1/A2)-pillar,		component (apecify):	(201)	Front header	(505)	Hood ornament
	instrument panel, mirror, or			(202)	Rear haader	(506)	Windshield, roof rail, A-pilla
	steering assembly (driver	(155)	Head reatraint aystem		Roof left side rail		Side aurfaca
	•		Other occupents (apecify):		Roof right side rail		Side mirrors
•••	side only)	(160)	Other occupents (apeciny).		· ·		
0161	Windshield including one or			(205)	Roof or convertible top	(505)	Other aide protrusions
	more of the following: front		Interior loose objects		_		(apecify):
	header, A (A1/A2)-pillar,	(162)	Child aefety seat (apecify):	FLOOF			
	inatrument pane), or mirror				Floor (including toe pan)		Rear aurieca
)paaaenger aide only)	(163)	Other interior object	(252)	Floor or console mounted		Undercarriage
017)	Windshiald rainforced by		(specify):		transmission lever, including	(512)	Tires and whaels
	exterior object (specify)				console	(513)	Other exterior of other
				(253)	Parking breke handle		motor vehicle (apecify):
019)	Other front object (apecify):	AIR BA	AG .	(254)	Foot controls including		
		(170)	Air bag-drivar side		parking brake		
		(171)	Air bag-driver aide and			(514)	Unknown exterior of other
EFT S	SIDE		eyewear	REAR			motor vehicle
	Left side interior aurface.	(172)	Air bag-driver aide and		Backlight (rear window)		
00.,	excluding hardware or	,	jewelry		Backlight storage rack,	OTHE	R VEHICLE OR OBJECT IN
	armresta	(173)	Air bag-driver aide and	1002,	door, etc.		NVIRONMENT
OE 21		(173)	-	13031			Ground
U521	Left aide hardware or	4474	object held	(303)	Other rear object (specify):		
	armrest	(174)	Air bag-driver side and			(598)	Other vehicle or object
	Left A (A1/A2)-pillar		object in mouth				(specify):
	Left B-pillar	(175)	Air bag compartment		TIVE (ASSISTIVE) DRIVING		
055)	Other left pillar (apacify):		cover-drivar aide	EQUIP	MENT	(599)	Unknown vehicle or object
		(176)	Air bag compartment	(401)	Hand controls for		
056)	Left aide window glass		cover-driver aide and		breking/ecceleration	NONC	CONTACT INJURY
057)	Left side window frame		eyewear	(402)	Steering control devices	(601)	Fire in vehicle
058)	Left side window aill	(177)	Air bag compertment		(attached to OEM steering	(602)	Flying glass
059)	Left side window glaas		cover-driver side and jewelry		wheel)		Other noncontact injury
	including one or more of the	(178)	Air bag compartment	(403)	Steering knob attached to		source
	following: frame, window		cover-driver aide and object		steering wheel		(apecify):
	ail), A (A1/A2)-piller, B-pillar,		held	(405)	Replacement steering wheel	(604)	Air bag exhauat gases
	or roof aide rail.	(170)	Air beg compartment		(i.e., reduced diameter)		Injured, unknown source
OEO:		(1131		1406	Joy atick attering controls	(337)	mjarou, unknown source
J-6UI	Other left aide object		cover-driver side and object		•		
)apecify):		in mouth		Wheelcheir tie-downa		
			Air beg-peaaenger side	(408)	Modification to seat belts,		
		(181)	Air beg-passenger side and)apecify):		
	SIDE		eyewear	(409)	Additional or relocated		
RIGHT		(192)	Air bag-passenger side and		awitchea, (specify):		
	Right sida interior surface,	(102)	, ,, ,				
	Right side interior surface, excluding herdware or	(102)	jeweiry				





CAUSE OF DEATH

Notaplicable

ICD-9-CM

923.10: Contusion forearm

1	OTHER DRUGS (GV16)	
Specimen Test Type	Drug(s)	Drug Type
Blood and urine tests Blood test only Urine test only Other test Unspecified	Not tested!	
		,

MEDICAL RECORD ABBREVIATIONS

	MEDICAL RECORD ABBREVIATIONS
Symbol	Record Type Description
A	Autopsy-medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the
	patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s),
	and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet-face sheets are essentially the same as admission record/summaries and contain the same types of
	information as discussed above
D6	Discharge summary-shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often
	written from the perspective of its author which in many cases is a consultant
06	Operative record-summary of a performed surgical operation often providing detailed information about a specific trauma; pa-
	tients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record
	results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records-taken after the patient has been admitted, or while in surgery or intensive care
IN	Patient progress notes-supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam-medical history and the results of the physical exam obtained by the emergency room physician as-
	signed to the patient upon arrival at the emergency room
CN	Consultation record-consultations are in essence additional history and physicial exams performed by doctors whose expertise was
	requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report-where the author of this information is undefined
EN	Emergency room nurse-"nurse/complaint of section on the emergency room report
ED	Emergency room doctor-"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emer-
	gency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the creden-
CV	tials of the verdict's author.
CR	Coroner's report-medical information based upon a noninvasive examination performed by a person who is not a doctor but who
CK	has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
0	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)
J	
00	Registration Record
KK	11091311411000 110000
•	<i>'</i>

BEST AVAILABLE

TIME OF DISCHARGE

	- 3	HOSPIT	AL					HE	alS I R	ATIO	N-RECOR
OUNT NUMBER	FC .		AGE	PRIOR VIS	IT DATE	ROOM/BED	SERV	/ICE	PATIENT TYPE		MEDICAL RECORD NO
SH SEX MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME			I ADM S	SOURCE RE	OUGHT BY A	FR		. *
ND F S	NO	· · ·	SAME			7				3=	ADMIT TIME
DENT ACCIDENT TIME		RELTO	PREGNANCY RELI	GION	CHURCH		ADMI	TBY		² 5	DISCHARGE TIM
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VA/ABRASI DIAGNOSES:	ON/REI	D AREA RT	ELBOW								
NATIONS PROCEDURES											
SITION HOME ADMIT / TIN	νε	☐ DIED OVER 48 HO		AUTOPSY NO AUTOPSY		FERRED HOSPIT FERRED EFC		AGAINST AI	DVICE	HARGE.	

EMERGENCY DEPARTMENT PROGRESS NOTES

Please use name plate imprinter

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
. 45	M) Note AOUr3 Nech supple. Head atracades
	Cly - and tender.
	Bulynn - Rollin 1' nay FROM
	- n Comp tendemess - un hil or rad - / head
	Contratil en Ce pulse
	asta Claricle or human an
	Nech on her Trus spin - no
`	by holm Slight probaber below
	,,
	Ash sele NT felis NT.
	less no Conic NT=Nontender
	(2) an abunate
	Discussed findings of
	back exam with mother no leg tenderness slight muscle
	back exam with mother no leg tenderness slight muscle tenderness No need for to pelvia
	reduction and the comments

PATIENT: PHYSICIAN:

MR NO.: X-RAY NO.: ROOM NO.: ER

DATE:

95

PATIENT HISTORY: MVA.

FOUR VIEWS OF THE RIGHT ELBOW: There is no evidence of fracture or other bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right elbow.

D: 95 T: 95

RADIOLOGY

Page 1

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved
0.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

07

INJURY DATA

	A.I.S 90								Injury		Occupan
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusior Number
tasion tasiol brow	s. <u>7</u>	6.2	7. 9	s. <u>0</u> 2	9. <u>0</u> 2	10. /	117 12	2. <u>151</u>	13. <u>3</u> 1	4. <u>/</u>	15. <u>0</u> <u>(</u>
tusion teral brow	16. 3	172	18. <u>9</u> 19	<u>.04</u>	20. 0 2	- _{21.} _/	22. 7 23	s. <u>151</u>	24. <u>3</u> 2	25. <u>/</u>	26. <u>Ø</u> <u>C</u>
asion m ^{3rd} re elbo	27. <u>3</u> W	28. 7	29. <u>9</u> 30	o. <u>0</u> 2	31. <u>0 2</u>	32	33 34	s. <u>/ 0 /</u>	35. <u>2</u> 3	6	37: <u>0</u> C
sion (R about low ell	38. <u>∝</u>	39. <u>7</u>	40. <u>9</u> 4	1. 04	42. <u>0 2</u>	43	44. <u>/</u> 45	s. <u>/0/</u>	46. <u>2</u>	17. <u>/</u>	48. <u>0</u> <u>C</u>
usion (below ou	D 3	50. <u>7</u>	51. <u>9</u> 52	2. <u>02</u>	53. <u>9 </u>	54	55. <u>2</u> 56	s. <u>15</u> 1	57. <u>3</u>	58. <u>/</u>	59. <u>0</u>
6th	60	61	62 6:	3	64	65	66 67	7	68. <u> </u>	39	70
7th	71	72	73 74	4	75	76	77 78	3	79 8	30	81
8th	82	83	84 8!	5	86	87	88 89	9	90 9	n	92
9th	93	94	95 96	6	97	98	99 100	D	101. <u> </u>)2 1	03
10th	104 1	105 1	06 10	^{7.} ——	108	109	110 111	ı	112 11	3 1	14

				OCC	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_		-				-		. –		
12th			_				_		_		
13th	_		_				_		_	_	
14th		_	_			_	_		_		
15th		_				_	_		_		
16th	-		_				_				
17th	_	_					_	-		_	
18th	_	_	_			_	_		·	_	
19th	_	_	_			<u></u>	_		_	_	
20th	_					_	_		_	_	
21 s t	_	_	_			_	_		. · —	_	
22nd			_			_	_		_	_	
23rd		_	_				_		· —	_	
24th	_	_	_			_	_		_	_	
25th	_	_					_		_	_	

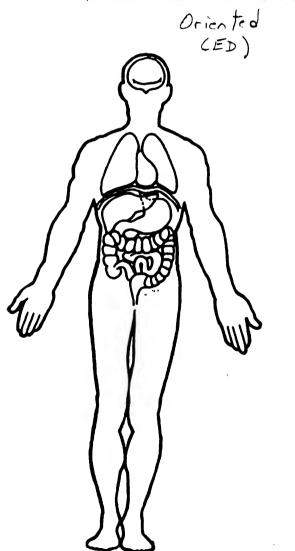
OCCUPANT INJURY CLASSIFICATION

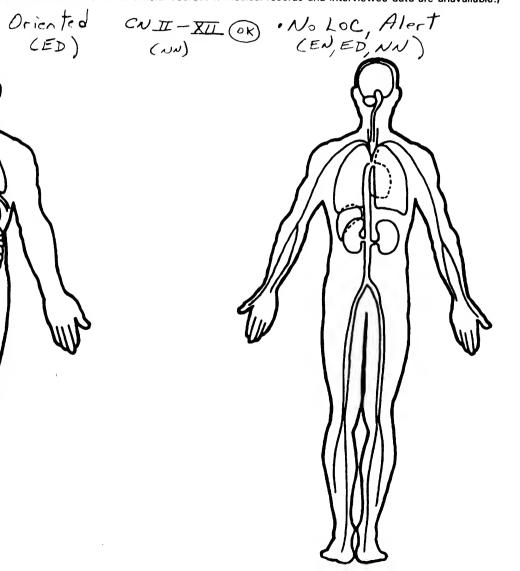
Body Region Specific Anatomic Level of Injury **Aspect** Structure Head Specific injuries are (1)Right Face (2)assigned consecutive (2)Left (3)Neck Vessels, Nerves, Organs. two-digit numbers (3) Bilateral (4)Thorax Bones, Joints are assigned beginning with 02. (4)Central (5) **Abdomen** consecutive two digit (5) Anterior (6)Spine numbers beginning with To the extent possible, (6)**Posterior** (7)Upper Extremity within the organizational Superior (7)(8) Lower Extremity framework of the AIS, 00 (8)Inferior (9) Unspecified The exceptions to this rule is assigned to an injury (9) Unknown apply to: NFS as to severity or (0)Whole region where only one injury is Whole Area Type of Anatomic given in the dictionary for that anatomic structure. Structure (02) Skin - Abrasion (04) Skin - Contusion 99 is assigned to any injury NFS as to lesion or Whole Area (06)Skin - Laceration (2)Vessels (08) Skin - Avulsion severity. (3)Nerves (10)**Amputation** (20) (4) Organs (includes Burn Abbreviated Injury Scale Muscles/ligaments) (30)Crush Degloving (5) Skeletal (includes (40)(1)Minor Injury Moderate Injury joints) (50)Injury - NFS (2)Head - LOC (90) (6) Trauma, other than (3)Serious Injury Severe Injury (9) Skin mechanical (4)Critical Injury (5) Head - LOC (6)Maximum (02) Length of LOC (untreatable) (7) Injured, unknown (04) Level severity (06) of (08) Consciousness (10) Concussion **Spine** (02) Cervical (04) Thoracic (06) Lumbar

SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY
	CONFIDENCE LEVEL	
OFFICIAL RECORDS (1) Autopsy records with or without hospital/medical records	(1) Certain(2) Probable(3) Possible	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(9) Unknown	(7) Injured, unknown source
(3) Emergency room records only (including associated X-rays or other lab reports)		
(4) Private physician, walk-in or emergency clinic		
UNOFFICIAL RECORDS		
(5) Lay coroner report (6) E.M.S. personnel		
(7) Interviewee (8) Other source (specify):		
(9) Police		

	OFFICIAL INJURY DA	ATA — SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Specific Anatomic Structure, Detail (size,	depth, fracture type, head injury clinical signs and neurological deficits), and or other unofficial sources if medical records and interviewee data are
Blood Alcohol Level (mg/dl) BAL =	(boō)	
Glasgow Coma Scale Score GCSS = 15 (ED NN) Units of Blood Given Units =		
Gases pH = PO ₁ = PCO ₂ HCO ₃		

			INJURY	3001	IGES		
FRON'	T	(102)	Right side hardware or	(183)	Air bag-passenger side and	(411)	Wall mounted head rest
	Windshield	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	armrest		object held	,	(used behind wheat chair)
	Mirror	(103)	Right A (A1/A2)-piller	(184)	Air beg-passenger side and	(412)	Other adaptive device
	Sunvisor		Right B-pillar	1.04,	object in mouth		(specify):
	Staering wheel rim		Other right pillar (specify):	(185)	Air bag compartment		(Specify).
		(103)	Other right pinar (specify).	(100)			
	Steering wheel hub/spoke	(106)	Right side window class	(186)	cover-passenger side	EYTE	RIOR of OCCUPANT'S
(000)	Steening wheel (combination		Right side window glass	(100)	Air bag compartment	VEHIC	
	of codes 004 and 005)		Right side window frame		cover-passenger side and		
(007)	Steening column,		Right side window sill	(107)	eyewear		Hood
	transmission selector lever,	(109)	Right side window glass	(187)	Air bag compartment	(452)	Outside hardware (e.g.
	other attachment		including one or more of the		cover-passenger side and		outside mirror, antennal
(800	Cellular telephone or CB		following: frame, window		eweiry	(453)	Other exterior surface or
	radio		sill, A (A1/A2)-pillar, B-pillar,	(188)	Air bag compartment		tires (specify):
009)	Add on equipment (e.g.,		or roof side rail.		cover-passenger side and		
	tape deck, air conditioner)	(110)	Other right side object		object held		
010)	Left instrument panel and		(specify):	(189)	Air bag compartment	(454)	Unknown exterior objects
	below				cover-passenger side and		
011)	Center instrument panel and				object in mouth	EXTE	RIOR OF OTHER MOTOR
	balow	INTER	OR	(190)	Other air bag (specify)	VEHIC	CLE
012)	Right instrument panel and		Seat, back support			(501)	Front bumper
	below	(152)	Belt restraint	(195)	Other air bag compartment		Hood edge
013)	Glove compartment door		webbing/buckle		cover (specify)	(503)	Other front of vehicle
014)	Knee bolster	(153)	Belt restraint B-pillar or door				(specify):
015)	Windshield including one or		frame attachment point				
	more of the following: front	(154)	Other restraint system	ROOF		(504)	Hood
	header, A (A1/A2)-pillar,		component (specify):	(201)	Front header	(505)	Hood ornament
	instrument panel, mirror, or			(202)	Rear header	(506)	Windshield, roof rail, A-pilla
	staering assembly (driver	(155)	Head restraint system	(203)	Roof left side rail	(507)	Side surface
	side only)	(160)	Other occupents (specify):	(204)	Roof right side reil	(508)	Side mirrors
161	Windshield including one or			(205)	Roof or convertible top	(509)	Other side protrusions
	more of the following: front	(161)	Interior loose objects				(specify):
	header, A (A1/A2)-pillar,	(162)	Child safety seat (specify):	FLOOI	3		
	instrument panel, or mirror			(251)	Floor (including toe pan)	(510)	Rear surface
	(passenger side only)	(163)	Other interior object		Floor or console mounted		Undercarriage
	Windshield reinforced by		(specify):		transmission lever, including		Tires and wheels
• · · ·	exterior object (specify)				console		Other axterior of other
				(253)	Parking brake handle	10.07	motor vehicle (specify):
019)	Other front object (specify):	AIR BA	.G		Foot controls including		motor tornois (appenty).
	Care work colour (open y).		Air bag-driver side	120 .,	parking brake		
			Air bag-driver side and		perking brake	(51A)	Unknown exterior of other
EFT S	ine	11717	eyewear	REAR		(314)	motor vehicle
	Left side interior surface.	(172)	Air bag-driver side and		Packlight (sees window)		motor venicle
-	excluding hardware or	(172)	=		Backlight (reer window)	07115	D VEHICLE OF OR 1507
	•	/1725	jewelry	(302)	Backlight storege rack,		R VEHICLE OR OBJECT IN
	armrests	(1/3)	Air bag-driver side and	(202)	door, etc.		INVIRONMENT
	Left side hardware or		object held	(303)	Other reer object (specify):		Ground
	armrest	(1/4)	Air bag-driver side and			(598)	Other vehicle or object
	Left A (A1/A2)-pillar		object in mouth				(specify):
	Left B-pillar	(175)	Air bag compartment		TIVE (ASSISTIVE) DRIVING		
055)	Other left pillar (specify):		cover-driver side		MENT	(599)	Unknown vehicle or object
		(176)	Air bag compartment	(401)	Hand controls for		
)56)	Left sida window glass		cover-driver side and		braking/ecceleration	NONC	ONTACT INJURY
057)	Left side window frame		ayewaar	(402)	Steering control devices	(601)	Fire in vehicle
058)	Left side window sill	(177)	Air bag compartment		(attached to OEM steering	(602)	Flying glass
) 59)	Left side window glass		cover-driver side and jewelry		wheel)	(603)	Other noncontact injury
	including one or more of tha	(178)	Air beg compartment	(403)	Steering knob attached to		source
	following: frame, window		cover driver side and object		steering whael		(specify):
	sill, A (A1/A2)-pillar, B-pillar,		held	(405)	Replacement steering wheel	(604)	Air beg exhaust gases
	or roof side rail.	(179)	Air bag compartment		(i.e., reduced diameter)		Injured, unknown source
(00)	Other left side object		cover-driver side and object	(406)	Joy stick staering controls		
	Ispecify):		in mouth		Wheelchair tie-downs		
		(180)	Air bag-passenger side		Modification to seat belts,		
			Air bag-passenger side and	(- 00)	·		
GHT	SIDE	11017		(400)	(specify):		
		(103)	eyewear	(409)	Additional or relocated		
	Right side interior surface,	(182)	Air bag-passenger side end		switches, (specify):		
	axcluding hardwara or		jewairy				
	armrests				Raised roof		





CAUSE OF DEATH

Not applicable!

ICD-9-CM

(RR)

913.0: Abrision of elbow, forearm, or wrist 920: Contusion of face, scalp, or neck

OTHER DRUGS (GV16)								
Specimen Test Type	Drug(s)	Drug Type						
Blood and urine tests Blood test only Urine test only Other test Unspecified	Not Tested!							

MEDICAL RECORD ABBREVIATIONS

Record Type Description Symbol Autopsy-medical information based upon an invasive examination of a body Medical examiner's record--where the information reported on the patient is based on a non-invasive examination of the body MR Admission record/summary-any medical information on this record should be considered as post-ER since it summarizes the AR patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available. Admission/discharge face sheet-face sheets are essentially the same as admission record/summaries and contain the same types of FS information as discussed above Discharge summary-shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often DS written from the perspective of its author which in many cases is a consultant Operative record-summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related Radiographic records-taken after the patient has been admitted, or while in surgery or intensive care Patient progress notes-supplemental record containing additional nurses notes taken after the patient's admission History and physical exam-medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room Consultation record--consultations are in essence additional history and physicial exams performed by doctors whose expertise was CN requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission Emergency room report-where the author of this information is undefined KR Emergency room nurse-"nurse/complaint of" section on the emergency room report Emergency room doctor-"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emer-ED gency room report) NN Nurse notes-supplemental record containing additional notes taken by the emergency room nurse(s) Radiographic records-taken during the patients stay in the emergency room EX Coroner's verdict-statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the creden-CV tials of the verdict's author. Coroner's report-medical information based upon a noninvasive examination performed by a person who is not a doctor but who Emergency medical technician-report by a person who qualifies as an emergency medical services technician (EMS or EMT) Other source-medical information based on an other source (e.g., newspaper, DVM-Doctor of Veterinary Medicine) Registration Record RR

EMERGENCY DEPARTMENT RECORD HURT LT ARWINT ARM

	BIRTHDATE SOC. SEC. NO	MEDICAL RECORD NO.								
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EMERGENCY DEPARTMENT PROGRESS NOTES

Please use name plate imprinter

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
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Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	10	3. Vehicle Number	0 /
1. Frimary Sampling Unit Number			
2. Case Number - Stratum	9516	4. Occupant Number	00

INJURY DATA

					A.I.S	90	 	_		Injury		Occupant
		Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ e Indirect Injury	
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	5th	49	50	51 5	2	53	54	55 56.		57	58	59
	6th	60	61	62 6	3	64	65	66 67.		68	69	70
	7th	71	72	73 7	4	75	76	77 78.		79	80	81
	8th	82	83	84 8	5	86	87	88 89.		90	91	92
	9th	93	94	95 9	6	97	98	99 100.		101 1	102 1	03
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				occ	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
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25th						_			_	_	



U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number	10	3. Vehicle Number	01
2. Case Number - Stratum	9516	4. Occupant Number	09

INJURY DATA

	Source		Type of	A.I.S	90		-		Injury	Disease	Occupan
	of Injury Data	Body Region	Anatomic Structure	Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
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6th	60	61	62 6:	3	64	65	66	67	68	69. <u> </u>	70
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				occ	UPANT	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure)	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
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Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved 0.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number	10	3. Vehicle Number	0 /
2. Case Number - Stratum	9510	4. Occupant Number	10

INJURY DATA

				A.I.S	90				Injury		Occupan
	Source of Injury Data	Body Region	Type of Anatomic Structure		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number
asion 1 st remity		6. 7	7. <u>9</u>	8. <u>0</u> <u>2</u>	9. <u>0</u> <u>2</u>	10	11912	<u>697</u>	139 1	14. 7	15. <u>OC</u>
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4th	38	39	40 4	s1	42	43	44 45		46	17	^{‡8.}
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6th	60	61	62 6	3	64	65	66 67		68	69	70
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8th	82	83	84 8	15	86	87	88 89		90 9	91	92
9th	93	94	95 9	6	97	98	99 100	— :	101 10	02 10	03
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	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
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Appendix M:

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation **National Highway Traffic Safety**

OCCUPANT ASSESSMENT FORM

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number / O	OCCUPANT'S SEATING
2. Case Number - Stratum 9 5 1 6 3. Vehicle Number 0 2	10. Occupant's Seat Position Front Seat (11) Left side
4. Occupant Number OCCUPANT'S CHARACTERISTICS	(12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify):
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	(45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 1 4 5 pounds X .4536 = 6 kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat. (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):

EJEC	TION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	<u>o</u>	(0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	0	(2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown

Page 3

	BELT SYSTE	M FUNCTION
18.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/
19.	Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	Function (O) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (O) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (O) Not equipped/not available (1) Non-motorized system
	Proper Use of Manual (Active) Belts (O) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	(2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other retractor
	(9) Unknown	(7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown

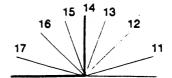
National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION				
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown				
Check the Primary Source Used In Determining Belt Use. [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of *other* air bag present:				
	33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):				

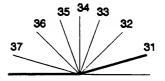
FIRST SEAT FRONTAL AIR	BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (_000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown
36. Type of Air Bag (O) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown 38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available	(9) Unknown 42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown
Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown	43. Was There Damage To The Air Bag? (O0) Not equipped/not available (O1) Not damaged Yes - Air Bag Damage (O2) Ruptured (O3) Cut (O4) Torn
39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM	HEAD RESTRAINT AND SEAT EVALUATION
EVALUATION continued	40 H 10 H 10 T 10 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
44. Source of Air Bag Damage	49. Head Restraint Type/Damage by Occupant at This Occupant Position
(00) Not equipped/not available	(0) No head restraints
(01) Not damaged	(1) Integral—no damage
(02) Object worn by occupant, (specify):	(2) Integral—damaged during accident
	(3) Adjustable—no damage
(03) Object carried by occupant, (specify):	(4) Adjustable—damaged during accident
	(5) Add-on—no damage
(04) Adaptive/assistive controls, (specify):	(6) Add-on-damaged during accident
	(8) Other (specify):
(05) Fire in vehicle	
(06) Thermal burns (07) Rescue or emergency efforts	(9) Unknown
(88) Other damage source (specify):	50. Seat Type (this Occupant Position)
(66) Other damage source (specify).	(00) Occupant not seated or no seat
(95) Damaged, unknown source	(01) Bucket
(96) Deployed, unknown if damaged	(O2) Bucket with folding back
(97) Not deployed	(03) Bench
(98) Unknown if deployed	(04) Bench with separate back cushions
(99) Unknown	(05) Bench with folding back(s)
	(06) Split bench with separate back cushions
45. Was The Air Bag Tethered?	(07) Split bench with folding back(s)
(0) Not equipped/not available	(O8) Pedestal (i.e., column supported)
(1) No	(09) Box mounted seat (i.e., van type) (10) Other seat type (specify):
(2) Yes (specify number of tether straps):	(10) Other seat type (specify).
	(99) Unknown
(3) Deployed, unknown if tethered	(55) STIKISWII
(7) Not deployed (8) Unknown if deployed	51. Seat Orientation (this Occupant Position)
(9) Unknown	(0) Occupant not seated or no seat
	(1) Forward facing seat
46. Did The Air Bag Have Vent Ports?	(2) Rear facing seat
(O) Not equipped/not available	(3) Side facing seat (inward)
(1) No (2) Yes (specify number of vent ports):	(4) Side facing seat (outward) (8) Other (specify):
(2) Yes (specify number of vent ports).	(8) Other (specify):
(3) Deployed, unknown if vent ports present	(9) Unknown
(7) Not deployed	1
(8) Unknown if deployed	52. Seat Track Adjusted Position Prior To Impact
(9) Unknown	(0) Occupant not seated or no seat
	(1) Non-adjustable seat track
47. Was the Air Bag in this Occupant's Position	DRIVER
Contacted by Another Occupant?	Adjustable Seat Track
(0) Not equipped/not available (1) No	(2) Seat at forward most track position (3) Seat between forward most and middle track
(2) Yes (specify):	positions
(2) 100 (0000)	(4) Seat at middle track position
(3) Deployed, unknown if other occupant contact	(5) Seat between middle and rear most track
to air bag	positions
(7) Not deployed	(6) Seat at rear most track position
(8) Unknown if deployed	(9) Unknown
(9) Unknown	
48 Was This Occupant Wassing Everyear?	
48. Was This Occupant Wearing Eye-wear? (0) Not equipped/not available	-
(1) No	
(2) Eyeglasses/sunglasses	
(3) Contact lenses	
(4) Deployed, unknown if eyewear worn	
(7) Not deployed	
(8) Unknown if deployed	
(9) Unknown	

HEAD RESTRAINT AND SEAT EVALUATION continued 53. Seat Back Incline Prior and Post Impact (00) Occupant not seated or no seat (01) Not adjustable Upright prior to impact (11) Moved to completely rearward position (12) Moved to rearward midrange position (13) Moved to slightly rearward position (14) Retained pre-impact position (15) Moved to slightly forward position (16) Moved to forward midrange position (17) Moved to completely forward position Slightly reclined prior to impact (21) Moved to completely rearward position (22) Moved to rearward midrange position (23) Retained pre-impact position (24) Moved to upright position (25) Moved to slightly forward position (26) Moved to forward midrange position (27) Moved to completely forward position Completely reclined prior to impact (31) Retained pre-impact position (32) Moved to rearward midrange position (33) Moved to slightly rearward position (34) Moved to upright position (35) Moved to slightly forward position (36) Moved to forward midrange position (37) Moved to completely forward position (99) Unknown 54. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion, (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown







	CHIL	D SAFE	TY SEAT	
	Olivid Code of Code Malandada A		58. Child Safety Seat Harness U	leane OO
55.		0	oo. Chiid Safety Seat Harness C	sage <u> </u>
l	(000) No child safety seat Applicable codes are found in your NASS CD	· .		
	Data Collection, Coding and Editing	3	59. Child Safety Seat Shield Usa	age OO
	(950) Built-in child safety seat		oo. Online Select, Seek Street Select	
	(997) Other make/model (specify):			
			60. Child Safety Seat Tether Us	age <u>OO</u>
	(998) Unknown make/model			
İ	(999) Unknown if child safety seat used		Note: Options below applica	ible to
			Variables OA58-OA60.	
		Δ	(00) No child safety seat	
56.	Type of Child Safety Seat	9	Not Designed With Harness	Shield/Tether
	(0) No child safety seat		(01) After market harness/s	
	(1) Infant seat (2) Toddler seat		added, not used	
	(3) Convertible seat		(02) After market harness/s	hield/tether used
	(4) Booster seat - with shield		(03) Child safety seat used	
1	(5) Booster seat - without shield		harness/shield/tether a	
	(7) Other type child safety seat (specify):		(09) Unknown if harness/sh	nield/tether
		l	added or used	•
	(8) Unknown child safety seat type			dd ff an La
	(9) Unknown if child safety seat used		Designed With Harness/Shie	
			(11) Harness/shield/tether (12) Harness/shield/tether (
57	Child Safety Seat Orientation	00	(12) Harriess/shield/tetrier (
57.	(00) No child safety seat		(19) Olikilowii ii ilailiess/si	neid/tetrier asea
	(00) No clina salety seat		Unknown If Designed With	Harness/Shield/Tether
İ	Designed for Rear Facing for This Age/Weigh	t	(21) Harness/shield/tether r	
	(01) Rear facing		(22) Harness/shield/tether t	used
	(02) Forward facing		(29) Unknown if harness/st	nield/tether used
	(08) Other orientation (specify):			
	(00)		(99) Unknown if child safet	y seat used
	(09) Unknown orientation			
	Designed For Forward Facing for This Age/W	leight		
	(11) Rear facing	J.J		
	(12) Forward facing	. [
	(18) Other orientation (specify):	1		
•	+=	1		
	(19) Unknown orientation			
	Unknown Design or Orientation For This			
	Age/Weight, or Unknown Age/Weight	İ		
	(21) Rear facing	1		
	(22) Forward facing			
	(28) Other orientation (specify):			
	(29) Unknown orientation			
	(00) Unknown if shild anisty sans year			
	(99) Unknown if child safety seat used			
		- 1		
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		1		

63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown 64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more								
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital.								
(99) Unknown								
65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown								
DRK HERE								
VARIABLES 66-74								

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death 69. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify): (99) Unknown 70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant.	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given 73. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured BELT USE DETERMINATION 74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview
(00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	(3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used

Appendix N:

NASS CDS OCCUPANT INJURY FORM:
VEHICLE #2 DRIVER

Administration

U.S. Department of Transportation National Highway Traffic Safaty

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9516

4. Occupant Number

01

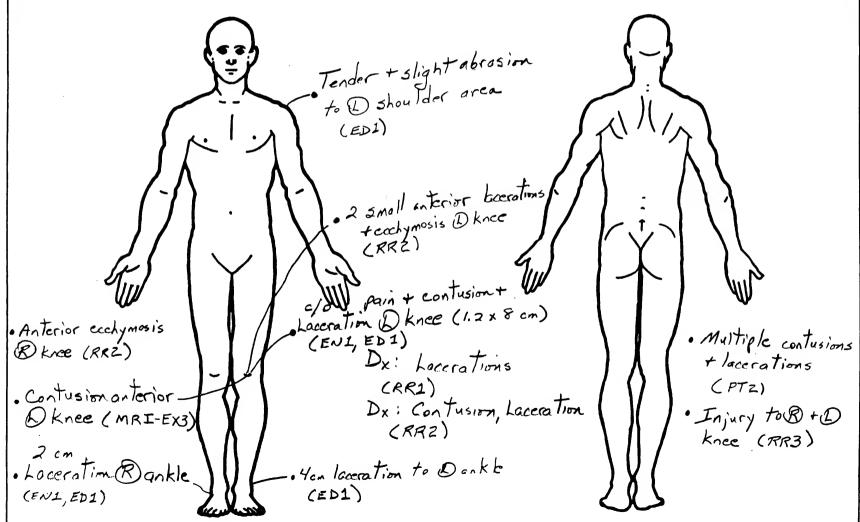
INJURY DATA

A.I.S 90								Injury			Occupant	
		Body Region	Anatomi	c Anatomic	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Indirect Injury	Area Intrusion Number	
ceration Knee	* 5. <u>3</u>	6. 8	7. <u>9</u>	8. <u>0</u> <u>6</u>	9. <u>0 2</u>	10/	11. <u>2</u> 12	.010	13. 🙎	14. <u>/</u>	15. <u>99</u>	
US) on 2nd e.e.	16. 3	17. <u>&</u>	18. 9	19. <u>0 4</u>	20. <u>0</u> 2	21	22. 2 23	010	24. <u>2</u>	25	26. <u>99</u>	
usim C.C.	27.3	28. 8	29. <u>9</u>	30. <u>0</u> <u>4</u>	31. <u>0</u> <u>2</u>	_{32.} <u>/</u>	33 34	010	35. 2	36. <u> </u>	37. <u>99</u>	
ration Kleen	38. <u>Z</u>	39. <u>8</u>	40.9	41. <u>0</u> 6	42. 0 2	43	44/ 45	.254	46. <u>3</u>	47	48. <u>99</u>	
ation Kleh	49. <u>3</u>	50. <u>8</u>	51. 9	_{52.} <u>D</u> <u>6</u>	53. <u>0</u> 2	54	552 56	. <u>010</u>	57.2	58. <u>/</u>	59. <u>9</u>	
sion lock	60. <u>3</u>	61. <u>7</u>	62. <u>9</u>	63. <u>D</u> <u>2</u>	64. <u>0</u> <u>2</u>	65. <u>/</u>	66. <u>2</u> 67	152	68.2	69. <u>/</u>	70. <u>0 0</u>	
ton	71. <u>7</u>	72. <u>4</u>	73. <u>9</u>	74. <u>0</u> <u>4</u>	75. <u>0</u> <u>2</u>	76. <u>/</u>	77. <u>4</u> 78	. <u>/ 52</u>	79. 2	во. <u>/</u>	81. <u>0 0</u>	
usion ulder	82. 7	83. 7	в4. <u>9</u>	85. <u>O ¥</u>	86. <u>O</u> <u>2</u>	87. <u>/</u>	88. 2 89	. <u>152</u>	90. 2	91. /	92. <u>O O</u>	
Sion 9th 0 rm	93. 7	94. 7	95. 9	96. <u>0 4</u>	97. 02	98	99. <u>2</u> 100	0/0	101. 2 10	02/ 1	оз. <u>9</u> 9	
n () 10th le	104. 7	105. 💆 1	06. 🗲 1	07. <u>D</u> 2	108. 06	109/	110. <u>2</u> 111	251	112. 2 1	13.	14. <u>99</u>	
	usion la tion to the sight winds with the sight winds winds with the sin	Data Ceration 3 Knee 3 USION 16. 3 USION 27. 3 Lation 38. 3 Knee 3 Cation 38. 3 Knee 3 Cation 38. 3 Knee 3 Cation 38. 3 Knee 3 Cation 38. 3 Cation 38. 3 Knee 3 Cation 38. 3 Cation 3	of Injury Body Region Ceration 5. 3 6. 8 USION 16. 3 17. 8 USION 27. 3 28. 8 Cation 38. 3 39. 8 Ation 49. 3 50. 8 Sign 71. 7 72. 4 USION 71. 7 72. 4 USION 82. 7 83. 7 OTH 104. 7 105. 8	of Injury Body Anatomic Region Structure CETA IT 5. 3 6. 8 7. 9 Knee 5. 3 6. 8 7. 9 USI ON 16. 3 17. 8 18. 9 EL SI ON 27. 3 28. 8 29. 9 CATION 38. 3 39. 8 40. 9 Ation 49. 3 50. 8 51. 9 SI ON 71. 7 72. 4 73. 9 USI ON 82. 7 83. 7 84. 9 USI ON 93. 7 94. 7 95. 9 I Oth 104. 7 105. 8 106. 5 1	Source of Injury Data Region Structure Structure Ceration 5. 3 6. 8 7. 9 8. 0 6 USion 16. 3 17. 8 18. 9 19. 0 4 USion 27. 3 28. 8 29. 9 30. 0 4 Cation 38. 3 39. 8 40. 9 41. 0 6 Ation 49. 3 50. 8 51. 9 52. 0 6 Sion 71. 7 72. 4 73. 9 74. 0 4 USion 71. 7 72. 4 73. 9 74. 0 4 USion 82. 7 83. 7 84. 9 85. 0 4 Sion 93. 7 94. 7 95. 9 96. 0 4 Sion 93. 7 94. 7 95. 9 96. 0 4	Source of Injury Body Anatomic Structure Structure Level of Injury Ceration 5.3 6.8 7.9 8.06 9.02 USION 16.3 17.8 18.9 19.04 20.02 USION 27.3 28.8 29.9 30.04 31.02 ration 38.3 39.8 40.9 41.06 42.02 Ation 49.3 50.8 51.9 52.06 53.02 Sion 71.7 72.4 73.9 74.04 75.02 USION 82.7 83.7 84.9 85.04 86.02 USION 93.7 94.7 95.9 96.04 97.02 TOTAL 104.7 105.8 106.5 107.02 108.06	Source of Injury Body Anatomic Anatomic Level of A.I.S. Pata Irry Data Region Structure Structure Injury Severity Knee 5.3 6.8 7.9 8.06 9.02 10.1 USION 16.3 17.8 18.9 19.04 20.02 21.1 USION 27.3 28.8 29.9 30.04 31.02 32.1 (asion 38.3 39.8 40.9 41.06 42.02 43.1 Ation 38.3 39.8 40.9 41.06 42.02 43.1 Ation 49.3 50.8 51.9 52.06 53.02 54.1 Sion 60.3 61.7 62.9 63.02 64.02 65.1 Sion 71.7 72.4 73.9 74.04 75.02 76.1 USION 82.7 83.7 84.9 85.04 86.02 87.1 USION 93.7 94.7 95.9 96.04 97.02 98.1	Source of Injury Body Anatomic Anatomic Level of Injury Severity Aspect Ceratina 5.3 6.8 7.9 8.0 6 9.0 2 10. 1 11. 2 12 USION 16.3 17.8 18.9 19.0 4 20.0 2 21. 1 22.2 23 et alian 38.3 39.8 29.9 30.0 4 31.0 2 32.1 33. 1 34 Cation 38.3 39.8 40.9 41.0 6 42.0 2 43. 1 44. 1 45 Ation 49.3 50.8 51.9 52.0 6 53.0 2 54. 1 55. 2 56 Sign 60. 3 61.7 62.9 63.0 2 64.0 2 65. 1 66.2 67 The first of the	Source of Injury Data Region Type of Anatomic Anatomic Level of Injury Severity Aspect Source Cerations 5.3 6.8 7.9 8.0 6 9.0 2 10. 1 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 11. 2 12. 0 10 10. 10. 10. 11. 2 12. 0 10 10. 10. 10. 10. 10. 10. 10. 10. 1	Source of Injury Data Region Structure Structure Level of A.I.S. Injury Source Confidence Certains S. 3 6.8 7.9 8.0 6.9 0.2 10. 1.1. 2.12. 0 10. 13. 8 1.5. onl 16. 3 17.8 18.9 19.0 4.20.0 21. 1.22.2 23.0 1.0. 24. 2 1.5. onl 2.7. 3 28.8 29.9 30.0 31.0 2.32. 1.33. 1.34.0 1.0. 35. 2 1.5. onl 38.3 39.8 40.9 41.0 6.42.0 2.43. 44. 45.25 46.3 1.5. onl 49.3 50.8 51.9 52.0 6.30.2 54. 55.2 56.0 0.57.2 1.5. onl 60.3 61.7 62.9 63.0 2.64.0 2.65.1 66.2 67. 1.52.6 68.2 1.5. onl 60.3 61.7 62.9 63.0 2.64.0 2.65.1 66.2 67. 1.52.6 68.2 1.5. onl 60.3 83.7 84.9 85.0 4.0.2 87.1 88.2 89.1 52.9 20.2 1.5. onl 60.3 7.7. 17.7 72.4 73.9 74.0 4.5.0 75.0 2.76.1 77.4 78.1 52.9 20.2 1.5. onl 60.3 7.5. 0	Source of Injury Body Anatomic Anatomic Level of Injury Severity Aspect Source Confidence Indirect Injury Certal form 5.3 6.8 7.9 8.0 6 9.0 2 10.1 11.2 12.0 10.13.2 14.1 USI'DA 16.3 17.8 18.9 19.0 4 20.0 2 21.1 22.2 23.0 10.2 24.2 25.1 USI'DA 27.3 28.8 29.9 30.0 4 31.0 2 32.1 33.1 34.0 10.3 35.2 36.1 (Asimal 27.3 28.8 29.9 30.0 4 31.0 2 32.1 33.1 34.0 10.3 35.2 36.1 (Asimal 38.3 39.8 40.9 41.0 6 42.0 2 43.1 44.1 45.2 54 46.3 47.1 (Asimal 49.3 50.8 51.9 52.0 6 53.0 2 54.1 55.2 56.0 10.5 57.2 58.1 (Asimal 49.3 50.8 51.9 52.0 6 53.0 2 64.0 2 65.1 66.2 67.1 52.6 8.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 80.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 80.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 80.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 50.8 51.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.3 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 52.0 68.2 69.1 (Asimal 49.4 60.3 61.7 62.9 63.0 2 64.0 2 65.1 66.2 67.1 66.	

				occi	UPANT I	NJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
tusion ankle	7	8	9	04	02	<u>/</u>	2	<u>251</u>	2		99
12th	_	_				_	_			_	
13th	_		_			_	_			_	
14th	_	_				_	_		_		
15th	_	_	_		_	_	_				
16th	- .	_	_			_	_		_	_	******
17th .	_	_	_			_	_			_	
18th	_	_				_	_			_	
19th	_	_	_			_	_		_	_	
20th	_	_				_	_			_	
21 s t	_	_	_			_	_			_	
22nd	_	_	_			_	_			_	
23rd	_	_	_			_	_		<u>.</u>	_	
24th	_	_	_	 -		_	_		_	_	
25th	_	_				_	_		_	_	

Dush board injury both knows (RRZ, EX3)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT INJURY CLASSIFICATION **Body Region** Specific Anatomic Level of Injury Aspect Structure Specific injuries are Head (1)Right assigned consecutive (2)Face (2)Left Bilateral (3) Neck Vessels, Nerves, Organs. two-digit numbers (3)Bones, Joints are assigned (4) Thorax beginning with 02. (4)Central (5) consecutive two digit (5) Abdomen Anterior (6)Spine numbers beginning with To the extent possible, (6)**Posterior Upper Extremity** (7)02. within the organizational (7)Superior (8) Lower Extremity framework of the AIS, 00 (8) Inferior (9) Unspecified The exceptions to this rule is assigned to an injury (9) Unknown apply to: NFS as to severity or (0)Whole region where only one injury is Type of Anatomic Whole Area given in the dictionary for (02) Skin - Abrasion Structure that anatomic structure. (04) Skin - Contusion 99 is assigned to any Whole Area Skin - Laceration (1) (06)injury NFS as to lesion or Skin - Avulsion (80) (2) Vessels severity. (10) Amputation (3) Nerves Organs (includes (20)Burn (4) Abbreviated Injury Scale Muscles/ligaments) (30)Crush (5) Skeletal (includes (40)Degloving Minor Injury Injury - NFS Moderate Injury ioints) (50)(2) (6)Head - LOC (90) Trauma, other than (3) Serious Injury (9) Skin mechanical (4) Severe Injury (5)Critical Injury Head - LOC (6)Maximum (02) Length of LOC (untreatable) (7)Injured, unknown (04) Level severity (06) of (08) Consciousness

(10) Concussion

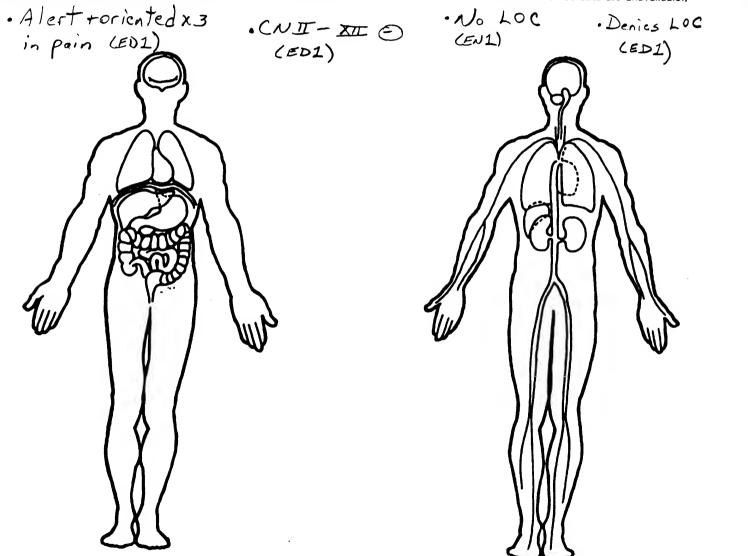
(02) Cervical (04) Thoracic (06) Lumbar

Spine

SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY
	CONFIDENCE LEVEL	
OFFICIAL RECORDS (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic	(1) Certain(2) Probable(3) Possible(9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source
UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police		

	OFFICIAL INJURY DATA — SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl) BAL =	Bankle, Bknce, Bknce - Normal
Glasgow Coma Scale Score GCSS = 15 (ED1)	(ER1, EX1, RRZ)
Units of Blood Given Units =	
PCO ₂	Contusion anterior Dit knee ne significant joint effusion (MRI-EX3) Oknee in jury: To ED for following ortho evaluation
нсо,	following ortho evolution (ENZ Patient needed walker and instructions on use 1st day post-crash (PTZ
	day post-erash (P12

			INJURY	SOUF	CES		
FRON'	Ť	(102)	Right side herdware or	(183)	Air beg-passenger side and	(411)	Wall mounted heed rest
	Windshield		armrest		object held		(used behind wheat cheir)
	Mirror	(103)	Right A (A1/A2)-pillar	(184)	Air beg-passenger side and	(412)	Other adaptive devica
	Sunvisor		Right B-pillar		object in mouth		(specify):
	Steening wheel rim		Other right pillar (specify):	(185)	Air beg compartment		
	Steering wheel hub/spoke	(1.00)	Other right plant (opening)		cover-pessenger side		
	Steering wheel (combination	(106)	Right side window glass	(186)	Air beg compertment	EXTE	RIOR of OCCUPANT'S
1000,	of codes 004 and 005)		Right side window frame	,	cover-pessenger side end	VEHIC	
رممی	Steering column,		Right side window sill		eye wear		Hood
10077	transmission selector lever,		Right side window glass	(187)	Air beg compartment		Outside hardware (e.g.,
	other ettechment	(105)	including one or more of the	(107)	cover-pessenger side and	(402)	outside mirror, antenna)
1000			following: frame, window		jewelry	(452)	Other exterior surface or
(006/	Cellular telephone or CB			/199\	Air bag compartment	(455)	tiras (specify):
	redio		sil(, A (A1/A2)-piller, B-piller,	(100)	cover-passenger side end		tiras tapeciny).
(009)	Add on equipment (e.g.,	41101	or roof side reil.		· · · · · · · · · · · · · · · · · · ·		
	tape deck, air conditioner)	(110)	Other right side object	(100)	object held	(454)	Hata and a second about
(010)	Left instrument panel and		(specify):	(189)	Air bag compartment	(454)	Unknown exterior objects
	below		····		cover-pessenger side and	=	
(110	Center instrument panel and				object in mouth		RIOR OF OTHER MOTOR
	below	INTER		(190)	Other air beg (specify)	VEHIC	
(012)	Right instrument penel and		Seat, back support				Front bumper
	below	(152)	Belt restreint	(195)	Other air bag compartment		Hood edge
	Glove compertment door		webbing/buckle		cover (specify)	(503)	Other front of vehicle
	Knee boister	(153)	Belt restreint B-pillar or door				(specify):
(015)	Windshield including one or		frame attachment point				
	more of the following: front	(154)	Other restraint system	ROOF			Hood
	heeder, A (A1/A2)-pillar,		component (specify):	(201)	Front heeder	(505)	Hood ornement
	instrument panel, mirror, or			(202)	Reer heeder		Windshield, roof rail, A-pille
	staering essembly (driver	(155)	Head restreint system	(203)	Roof left side rail	(507)	Side surfece
	side only)	(160)	Other occupents (specify):	(204)	Roof right side reil	(508)	Side mirrors
016,	Windshield including one or			(205)	Roof or convertible top	(509)	Other side protrusions
	more of the following: front	(161)	Interior loose objects				(specify):
	header, A (A1/A2)-piller,	(162)	Child sefety seet (specify):	FLOOR	3		
	instrument penel, or mirror			(251)	Floor (including toe pan)	(510)	Rear surface
	(pessenger side only)	(163)	Other interior object	(252)	Floor or console mounted	(511)	Undercarriage
(017)	Windshiald reinforced by		(specify):		transmission lever, including	(512)	Tiras and wheels
	exterior object (specify)		•		console	(513)	Other exterior of other
	•			(253)	Perking breke handle		motor vehicle (specify):
(019)	Other front object (specify):	AIR BA	AG .		Foot controls including		
,			Air beg-driver side		parking brake		
			Air beg-driver side and			(514)	Unknown exterior of other
EFT S	SIDE	••••	eyewear	REAR		•	motor vehicle
	Left side interior surfece,	(172)	Air beg-driver side end		Backlight (rear window)		oto. varioto
031,	excluding hardwere or	,,,,	jewelry		Backlight storage reck,	ОТНЕ	R VEHICLE OR OBJECT IN
	armrests	(173)	Air beg-driver side end	,002,	door, etc.		ENVIRONMENT
0E 2\	Left side herdware or	(173/	object held	1303)			Ground
0321		1174		(303)	Other rear object (specify):		Other vehicle or object
OF 31	armrest	(1/4)	Air beg-driver side and			(336)	•
	Left A (A1/A2)-pillar		object in mouth	4545	THE		(specify):
	Left B-pillar	(1/5)	Air bag compartment		TIVE (ASSISTIVE) DRIVING		
(055)	Other left pillar (specify):		cover-driver side		MENT	(599)	Unknown vehicle or object
		(176)	Air beg compartment	(401)	Hand controls for		
	Left side window gless		cover-driver side end		braking/acceleration		CONTACT INJURY
	Left side window freme		evemeer	(402)	Steering control devices	(601)	Fira in vehicle
058)	Left side window sill	(177)	Air bag compertment		(etteched to OEM steering	(602)	Flying glass
059)	Left side window glass		cover-driver side end jewelry		wheel)	(603)	Other noncontact injury
	including one or more of the	(178)	Air bag compertment	(403)	Steering knob attached to		Source
	following: freme, window		cover-driver side and object		steering wheel		(specify):
	sil(, A (A1/A2)-piller, B-pillar,		held	(405)	Replecement steering wheel	(604)	Air beg exheust geses
	or roof side reil.	(179)	Air beg compertment		(i.e., reduced diameter)	(697)	Injured, unknown source
060)	Other left side object		cover-driver side and object	(406)	Joy stick steering controls		
	(specify):		in mouth		Wheelcheir tie-downs		
		(180)	Air beg-passenger side	(408)	Modification to seat belts,		
			Air bag-passenger side and		(specify):		
RIGHT	SIDE		eyewear	(409)	Additional or relocated		
	Right side interior surface,	(182)	Air bag-passenger side and		switches, (specify):		
	excluding hardware or		jewairy				
			,,		Series Assert		
	armrests			(4117)	Raised roof		



CAUSE OF DEATH

Not Applicable

ICD-9-CM

RR1 891.0: Open wound of knee, lower leg, or ankle without complication RRZ 924,11: Contusion knee

RR1 86.59; Suture skin and subcutaneous tissue @ other sites

Specimen Test Type	Drug(s)	Drug Type
Blood and urine tests Blood test only Urine test only Other test Unspecified	Not tested!	

MEDICAL RECORD ABBREVIATIONS

	MEDICAL RECORD ABBREVIATIONS
Symbol	Record Type Description
A	Autopsy-medical information based upon an invasive examination of a body
MIK	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AIR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet-face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
D6	Discharge summary-shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
06	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
IN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam-medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physicial exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
KIR	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes-supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict-statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report-medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician-report by a person who qualifies as an emergency medical services technician (EMS or EMT)
0	Other source-medical information based on an other source (e.g., newspaper, DVM-Doctor of Veterinary Medicine)
RR	Registration Record
PT	Registration Record Physical Therapy

EMERGENCY DEPARTMENT RECORD

BEST AVAILABLE

PAP	THE NAME DATE BIRTHDATE SOC SEC NO										
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S	PATIENT OR RESPONDIBLE PARTY SIGNATURE PHYLIETAN'S SIGNATURE TIME OF DISCHARGE										

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	TIME /	DATE _				_	SIGNED _									_ PHYSIC	IAN

PATIENT: PHYSICIAN: MR NO.: X-RAY NO.:

ROOM NO .: ER

DATE:

95

PATIENT HISTORY: Motor vehicle accident.

THREE VIEWS OF THE RIGHT ANKLE: There is no evidence of fracture or other bony abnormality. A small amount of air is seen in the distal leg medially compatible with laceration. No opaque soft tissue foreign bodies are seen.

IMPRESSION: Normal right ankle.

THREE VIEWS OF THE RIGHT KNEE: There is no evidence of fracture or other acute bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right knee.

THREE VIEWS OF THE LEFT KNEE: Normal.

D: 95 T: 95

, M.D.

RADIOLOGY

Page 1

LABORATORY REPORT

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EMERGENCY DEPARTMENT RECORDS LT KNEE INJURY

	Q BURTHDATE SOC. SEC. NO	MEDICAL RECO	RD NO
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S	PATIENT OR RESPONSIBLE PARTY SIGNATURE PHYSICIAN'S SIGNATURE	(/

PHYSICAL THERAPY DEPARTMENT PATIENT QUESTIONNAIRE

PATIENT'S NAME	REFERRING PHYSICIAN
OCCUPATION	INSURANCE CO
HAVE YOU RECEIVED PHYSICAL THERAPY	THIS YEAR? NO WHEN?
PLEASE MARK THE AREA WHERE YOU HAVE	YOUR PAIN, NUMBNESS, OR TINGLING.
WHAT DATE DID YOU HAVE SURGERY OR F	
were you involved in an accident?	LEASE DESCRIBEI Ves - a school
WHAT HEALTHCARE PROFESSIONALS PAIN? GLL MARK - FOOTE RANGE	ANY CUSE TON HAVE YOU SEEN REGARDING THIS I Seft the most
WHAT DIAGNOSTIC TESTS HAVE YOU HAD? WHAT WERE THE RESULTS?	(CIRCLE X-RAYS) MRI CT SCAN EMO
WHAT ACTIVITY OR MOVEMENT MAKES YOUR	
WHAT ACTIVITY OR MOVEMENT MAKES YOUR	PAIN INCREASE? Keep it still

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GOALS:		
P: No further Rx's	schooled	
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Therapist Signature		Physician's Signature

PATIENT: PHYSICIAN: MR NO.:

X-RAY NO.:

ROOM NO.: OP

DATE:

95

MRI OF THE LEFT KNEE

HISTORY: Dashboard type injury. Medial pain and clicking.

Multiplanar MRI images were obtained of the left knee.

The anterior and posterior cruciate ligaments are normal in appearance. No meniscal tears are demonstrated in the medial or lateral meniscus. The medial and lateral collateral ligaments are normal in appearance. No significant joint effusion is demonstrated. Somewhat heterogenous area of low signal intensity is demonstrated in the anterior aspect of the patella on the T1 weighted images. This shows some bright signal intensity on the T2 weighted images and is consistent with a contusion. No fracture is seen. No other bony contusions are demonstrated.

- **IMPRESSION:** 1. Signal demonstrated in the anterior patella is compatible with a contusion.
 - 2. No other significant abnormalities are demonstrated in the left knee. No ligamentous or meniscal injuries are noted.

D:	95	
T:	95	, M.D.

RADIOLOGY

Page 1

REGISTRATION RECORD

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01 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 50 meters (164 feet) west of impact



02 - 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 30 meters (98 feet) west of impact



03 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 15 meters (49 feet) west of impact



04 -- 1986 Chevrolet-Bluebird school bus driver's southwest view from STOP sign; NOTE: large trees and recently cut down cornfield



05 -- 1986 Chevrolet-Bluebird's eastward travel path ~ 3 m (10 ft) east of impact; NOTE: replaced utility pole on NE corner (cells B1--B5)



06 -- Northeastward view of 1986 Chevrolet-Bluebird school bus's left rear tire mark (cells G3--H2) during CCW rotation to impact @ pole



07 -- Northeastward view of final rest area of 1985 Chevrolet cutaway van; NOTE: school bus's left rear curved scuff mark (cells I8-H6)



08 -- Close-up view of 1986 Chevrolet-Bluebird school bus's curved left rear scuff mark toward final rest position (cells I3-D3)



09 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP blocking east leg of intersection; NOTE: bus outlined in red



10 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP; NOTE: red safety cone and triangle indicate front of bus



11 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's right front tire mark at final rest



12 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's left front tire mark at final rest and westward removal mark



13 -- Northwestward view of 1986 Chevrolet-Bluebird school bus @ FRP heading SE; NOTE: burned area on grass and roadway in foreground



14 -- Westward view of 1986 Chevrolet-Bluebird school bus's eastward travel path from beyond final rest position



15 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 75 meters (246 feet) south of impact



16 - 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 50 meters (164 feet) south of impact; NOTE: school bus



17 - 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 35 meters (115 feet) south of impact



18 - 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 3 m (10 ft) south of impact; NOTE: van's FRP near red cone



19 -- Northeastward view of 1985 Chevrolet cutaway van's removal marks and gouges leading from van's final rest position



20 -- Southwestward view of 1985 Chevrolet cutaway van @ final rest position heading northeast from beyond area of final rest



21 -- Southward view of 1985 Chevrolet cutaway van's northward travel path from north of point of impact



22 -- 1986 Chevrolet-Bluebird school bus's front showing burn damage to left roof and engine compartment



23 -- Close-up view of fire damage to 1986 Chevrolet-Bluebird school bus's right engine compartment



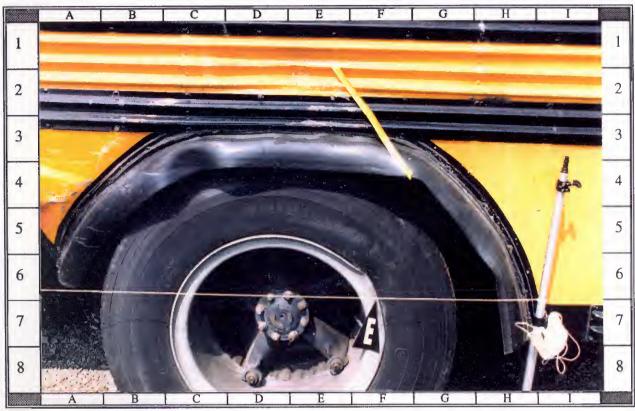
24 -- 1986 Chevrolet-Bluebird school bus's damaged front and right side viewed from ~ 45 degrees right of front



25 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van--from ~ 10 degrees front of R



26 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van-from ~ 60 degrees front of R



27 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear rim showing start of direct damage (E) on rim



28 -- 1986 Chevrolet-Bluebird school bus's damaged right rear from right showing length of direct damage and fire damage



29 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear panel gouges and tears (L and H)



30 -- 1986 Chevrolet-Bluebird school bus's crash and fire damage from back right showing damage from van (P and N) and melted aluminum (M)



31 -- 1986 Chevrolet-Bluebird school bus's fire and right rear crash damage viewed from ~ 30 degrees right of back



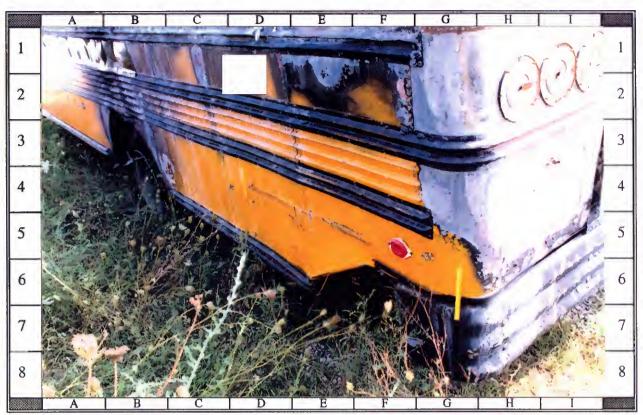
32 -- 1986 Chevrolet-Bluebird school bus's right rear crash damage and back and right fire damage viewed from ~ 45 degrees right of back



33 -- 1986 Chevrolet-Bluebird school bus's right rear damage from ~ 10 degrees right of back; NOTE: height of direct damage



34 -- 1986 Chevrolet-Bluebird school bus's fire damaged back; NOTE: all glazing destroyed and aluminum windows melted



35 -- 1986 Chevrolet-Bluebird school bus's damaged left rear from impact with utility pole; NOTE: panel (cell B2) folded inward



36 -- 1986 Chevrolet-Bluebird's direct damage to left roof (A4--B3), window frame (C1 and C5), and side body panel shown by yellow tape



37 -- Close-up of direct damage to left rear window frame of 1986 Chev rolet-Bluebird school bus from utility pole impact



38 -- Close-up of direct damage to side body panel of 1986 Chevrolet-Bluebird school bus; NOTE: direct damage starts at yellow tape



39 -- 1986 Chevrolet-Bluebird school bus's left side fire and interior roof surface fire damaged viewed from - 30 degrees left of back



40 -- 1986 Chevrolet-Bluebird school bus's left rear fire damage and direct damage from utility pole viewed from ~ 30 degrees left of front



41 -- 1986 Chevrolet-Bluebird school bus's left side showing fire damage mainly to greenhouse and roof viewed from ~ 30 degrees left of front



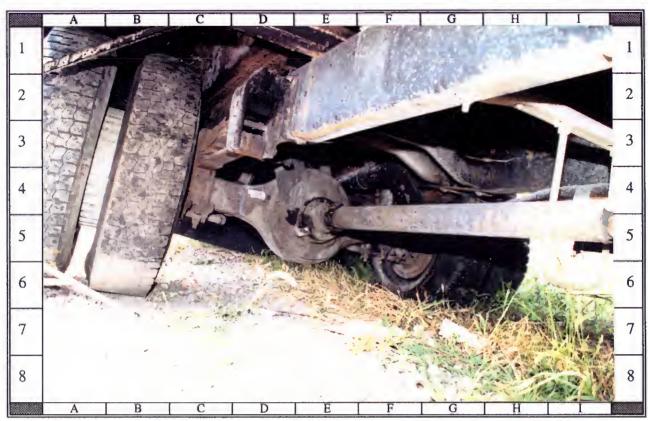
42 -- Reference line view of 1986 Chevrolet-Bluebird school bus's front viewed from left showing fire damage to engine compartment cover



43 -- Close-up of fire damage to engine compartment of 1986 Chevrolet-Bluebird school bus



44 -- 1986 Chevrolet-Bluebird school bus's fire damaged roof and engine compartment cover viewed from ~ 15 degrees left of front



45 -- 1986 Chevrolet-Bluebird school bus's undamaged drive shaft, universal joint housing, and undercarriage viewed from front right



46 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located between right frame rail and right side panel viewed from rear



47 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located outside of right frame rail viewed from rear



48 -- 1986 Chevrolet-Bluebird school bus's burnt driver seating area viewed from right front entry/exit stairwell



49 -- 1986 Chevrolet-Bluebird school bus's burnt driver door lever, seating area, and instrument panel viewed from bus aisle



50 -- Close-up of 1986 Chevrolet-Bluebird's burnt driver seating area from center aisle showing light switches and destroyed 2-way radio



51 - 1986 Chevrolet-Bluebird school bus's burnt interior from center aisle showing first three rows, driver control area, and roof



52 -- 1986 Chevrolet-Bluebird school bus's burnt rearmost ten seating rows, roof, center aisle, and rear door viewed from front



53 -- Close-up of 1986 Chevrolet-Bluebird's burnt right side seat over R rear wheel where impact occurred; NOTE: all rows were similar



54 -- 1985 Chevrolet cutaway van's frontal damage and burnt exterior with contour gauge set up; NOTE: collapse of rear cargo area



55 -- Close-up of 1985 Chevrolet cutaway van's frontal damage and burnt exterior; NOTE: vertical rod indicates maximum crush



56 -- Closer-up view of left headlight area of 1985 Chevrolet cutaway van; NOTE: M points out ribbed like damage from bus's side panel



57 -- Closer-up view of 1985 Chevrolet cutaway van's front bumper; H points out melted aluminum from 1986 Chevrolet-Bluebird's windows



58 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 45 left of front with contour gauge present



59 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 75 left of front; NOTE: rear cargo area collapse



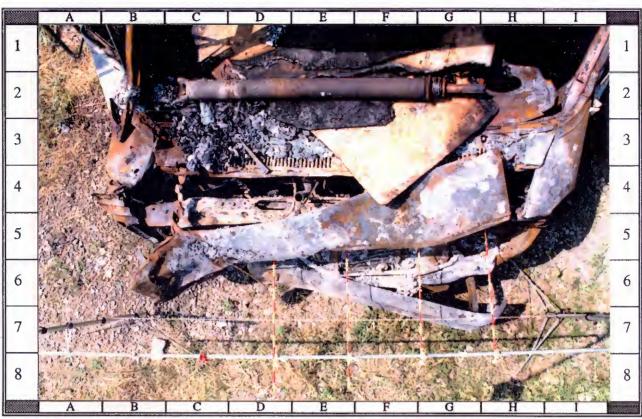
60 -- Reference line view of 1985 Chevrolet cutaway van's front damage from left with contour gauge present



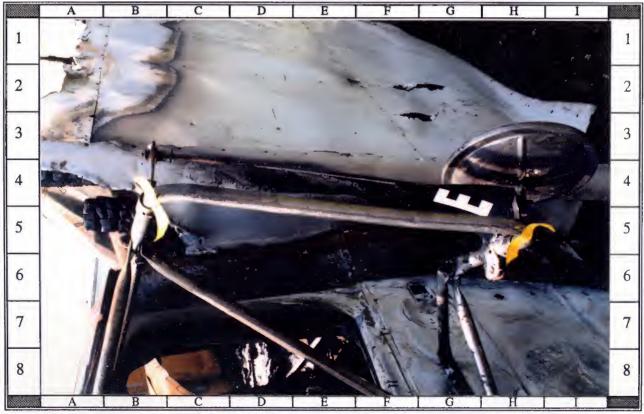
61 -- Close-up reference line view from left showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



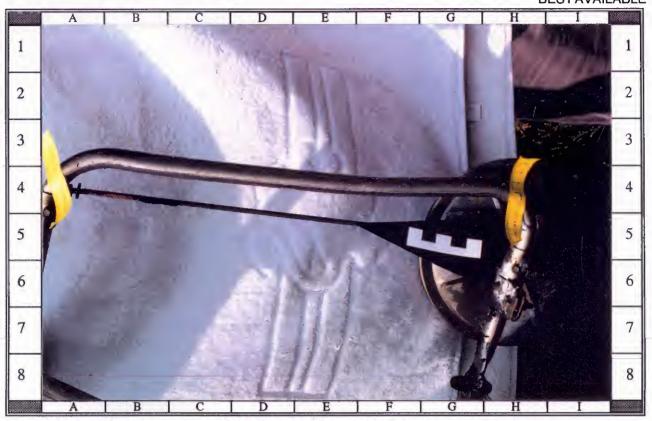
62 -- Closer-up view of frontal crush to 1985 Chevrolet cutaway van; NOTE: max crush and melted aluminum on hood near C5--vertical rod



63 -- Overhead view of 1985 Chevrolet cutaway van's frontal crush; NOTE: drive shaft and other debris piled in interior



64 -- 1985 Chevrolet cutaway van's damaged left outside rearview mirror; NOTE: direct damage to mirror (E) occurred during CW rotation



65 -- Close-up view of 1985 Chevrolet van's left outside rearview mirror from front damaged during CW rotation; NOTE: scratches on bar



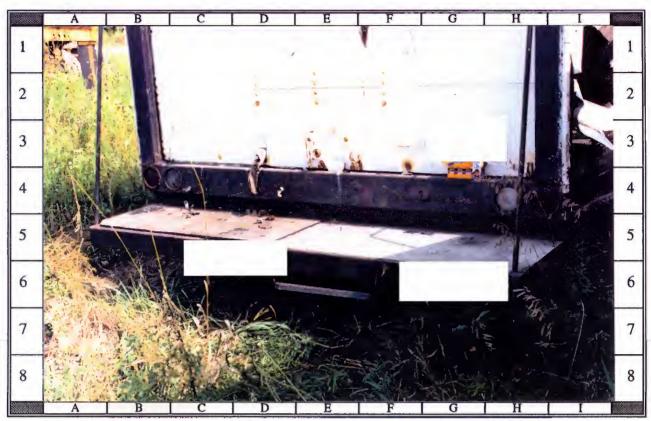
66 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 45 degrees left of back; NOTE: cargo area roof collapse



67 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 10 degrees left of back; NOTE: customized add-on rear bumper



68 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 15 degrees right of back; NOTE: customized add-on rear bumper



69 -- Close-up view of 1985 Chevrolet cutaway van's customized add-on step-up bumper viewed from ~ 30 right of back



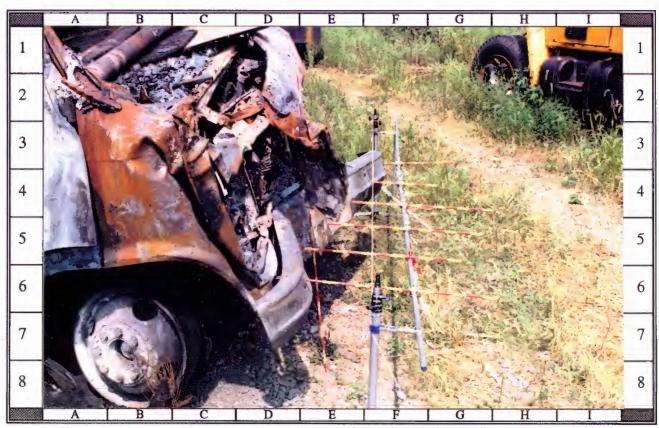
70 -- 1985 Chevrolet cutaway van's fire damaged and collapsed rear cargo area viewed from ~ 60 right of front



71 -- 1985 Chevrolet cutaway van's frontal crush and fire damaged front cargo area and cab viewed from right



72 -- Reference line view of 1985 Chevrolet cutaway van's front damage from right with contour gauge present



73 -- Close-up reference line view from right showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



74 -- Close-up of right headlight area of 1985 Chevrolet cutaway van; NOTE: L points out ribbed like damage from bus's side panel



75 -- Frontal view of 1985 Chevrolet cutaway van's front seating area; NOTE: drive shaft and cargo area debris obscures front seats



76 - 1985 Chevrolet cutaway van's front seating area from front right showing piled debris, bucket seats, and integral head restraints